FUR STATE HEALTH DEPT.

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after.

If any delay is necessary, please execute the certificate, writing the word "pending" in mencil in frem 18. Give Pages 1, 2, and to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of pealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 fours after death. 0

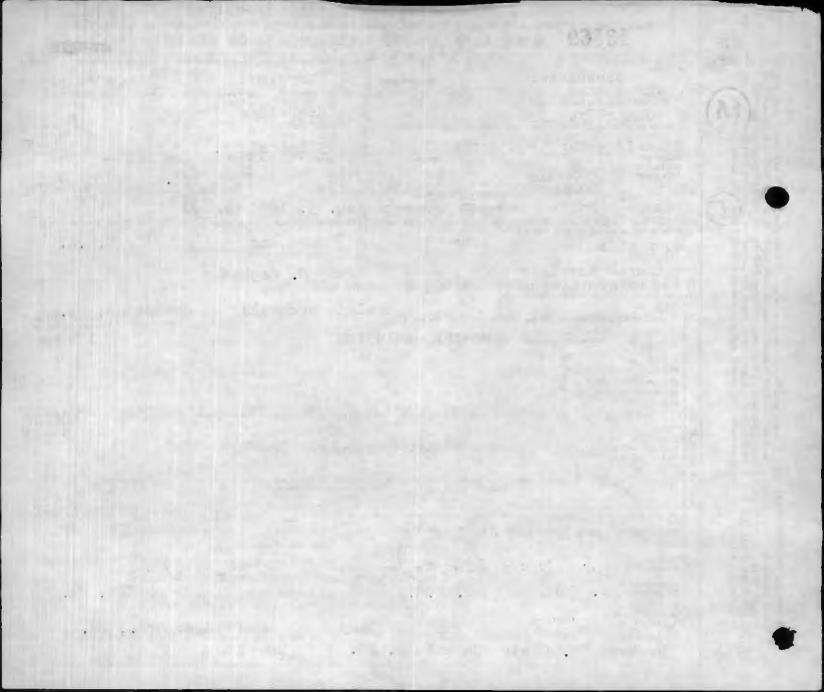
5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS,

13869 MEDICAL EXAMINER'S EXAMINER'S CERTIFICATE OF DEATH

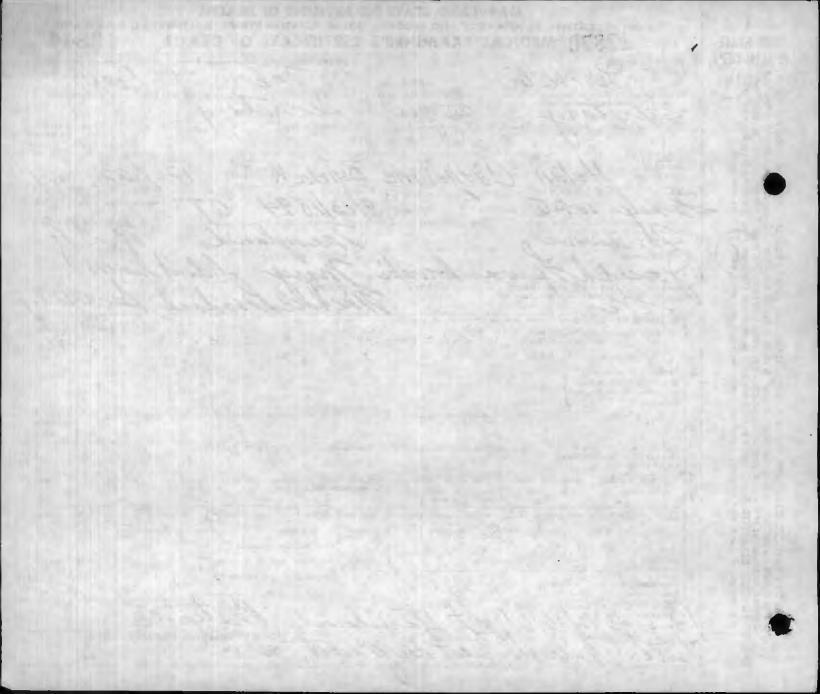
		Item 9 Film 030	5 1/15/60	144						
1. PLACE OF DEATH		I LEER A TITE O'DO	Z. UBUAL RESIDE!	NCE (Where deceased	lived, If institution	Rasidence	a before e	dmission)		
Do	rchester	MARYLAND	a. STATE Mary	land	Do Do	orche	este	r		
	f outside corporata limits, give nearest fown)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)							
Cambr	idge		13 Cambr	idge						
d. NAME OF HOSPIT	TAL OR INSTITUTION (If not i	n hospitel, giva streat addrass)	d. STREET ADDRESS	5				ESIDENCE A FARM?		
Cambridg	e Maryland	Hospital	3 Bet	hel St.			YES _	NOK		
3. NAME OF DECEASED	first	Middle	Last	4. DATE	Month	Day	Year			
(Type or print)	Mamie		Allen	DERELL -	Dec.	28	19	61		
5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years IF UNDE		IF UNDER			
Female	Negro WID	OWED TO DIVORCED	Feb. 3, 1	880 81 /	Oyrs. Months	Days	Hours	MIn.		
10a. USUAL OCCUPATI	ION (Givs kind of work 16 rking life, even if retirad)	b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stat	te or toreign country)	12. 0	ITIZEN OF	WHAT C	OUNTRY		
_Housewif	- '	Home	Maryl	and		U.S	.A.			
13. FATHER'S NAME	V		14. MOTHER'S MAIDEN	N NAME						
Andrew	Warfield		Mary C.	Cephas						
	ER IN U.S. ARMED FORCES? Tyesgivewar or detas of service)	16. SOCIAL SECURITY NO. 17.		1	Address					
No.	1 yes g 1 v a wai oi d atas oi sai vico)	N	ollie Brom	Wall	Cambrid		D.F.G			
18. CAUSE OF D	EATH [Enter only one coust			MOTT	-Camor To	HITI	ERVAL BET	WEEN		
	H WAS CAUSED BY:	oronary occlus	si on			ON	L hat			
14	O DUE TO	0-00-4	71.04		_	-		-		
Conditions, if any										
gave rise to immadi	ata cause						_	-		
(a), stating the u	ndarlying DUE TO									
Causa last.	CONTRICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE COND	TION CIVEN IN DA	PT 1(m1): 10	WASA	LITORSY		
OF PART III. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTION TO BEATT DOT TO	of Records to the read	MAN DIDEAGE COND	11011 011 111 111 111		PERFO	RMED?		
O SVICINILI C	uler War 1 And A	COUNT HOW BUILD OCCUPED	(r	and I are Book III at Stars 9	p 1	Y	ES 🗌	NO 3		
PART II. OTHER OF THE PART II. OTHER OT		ESCRIBE HOW INJURY OCCURED. (Euter deinte of milnik in to	ent i or tett ii or hein i	D.)					
	mV March Day V - 1	TOT THURS OCCUPANT AND THE	ACE OF INTHIBY IN (-	(20) (6)	1.5			Thurs h		
20c. TIME OF INJU			ACE OF INJURY (Home, fail story, street, office bldg., at		wnj (C	ounty)		(State)		
p.m.	19 8	t work at work								
21. I certify th	nat I took charge of the	remains described above, he	eld an Autopsy	Inspection X	Inquiry	and	in my o	pinion		
death resulted i	Natural causes	X . Accident . Suice	cide [], Homicide	Undeter	mined manner					
		0	CHIEF MEDICAL	L EXAMINER						
ACTUAL SIGNATURE	Lacon.	nerces	M.D. ASSISTANT ME	EDICAL EXAMINER	- 11 11-		ATE SIG	NED		
EXAMINER'S.	7			AL EXAMINER	1/4/62					
NAME (Typa)				t, city, town, or county			Md.	-		
22a. BURIAL, CREMATIC REMOVAL (Specify		22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	City, fown, or coun	(tA)	(Stet	a)		
Burial	1/2/62	Waugh Cemet	ery	Cambridg	e. Dor.	Md				
23. FUNERAL DIRECTO		ADDRESS	r 3							
Herber	t St. Clair	Cambridge, 1	Ad. DATE	AN 1 0 '62	Chillien a	8. Than	ud.			



FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
13870 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
13844 13844

ALIH DEPK	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission)
		Der Rester MARYLAND	a. STATE b. COUNTY Stay),
の年上		b. CITY OF TOWN (if outside corporate limits, write RURAL and give powers town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside Corporate limits, write RURAL and give nearest lown)
o de de		Lecretary 25 yes	X Secretary
E S X		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give direct address)	d. STREET ADDRESS
e By			ON A FARM? YES NO PT
Stat	3.	NAME OF DECEASED // First // Middls	Last JA. DATE Month Day Year
e te		(Type or print) Helen Catherine	Dandock DEATH 12/22 196/
with with saft	5.	6. COLOR ON RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
문 는 C 3 로	+	amale while widowed DIVORCED []	8/13/10 94 6/ yrs.
7 8 ST		a. USUAS OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRI one during host of working life, even bratified)	11 STATHPLACE (State or logoign country) 12. CITIZEN OF WHAT COUNTRY?
84 2E		Lousework 1	Maryland M. D.H.
	13	FATHER'S NAME	14. MOTHER'S MOTIDEN NAME
E E E	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. 1	Mary - (don no
for for	1	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT OF Address Agasetes
Serie Series	-	1 10 DEVICE OF DEVENUE Known on the first (a) (b) and (c)	morace pringoes pecacing
Sit Die		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
alon		IMMEDIATE CAUSE (a)	7 occlusion Smin
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		42011 DUE TO	
3 E G = 8		Conditions, if any, which (b)	
ding ding as a sa		(a), sleting the undarlying DUE TO	
min min	1 -	cause last. (c)	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
EXa estinated	Į ČĮ	PART II. OTHER SIGNIFICANT COMPITIONS CONTRIBUTING TO BEATH BUT NO	PERFORMED?
Mor More	살	208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (I	YES NO Enter nature of injury in Part I or Part II of Item 18.)
of the very street of the very s	CERTIFICATION	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	emer nature of injury in rati i of rati it of nomino.)
Pitin Pier Pier Pier Pier Pier Pier Pier Pier	MEDICAL		ACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) tory, street, office bidg., etc.)
W. Pa	MEC	p.m. 19 at work at work	
Pris Date		21. I certify that I took charge of the remains described above, he	eld an Autopsy . Inspection . Inquiry . and in my opinion
まられま		death resulted from: Natural causes . Accident . Suic	ide . Homicide . Undetermined manner .
The ce Tward DIRE			CHIEF MEDICAL EXAMINER
for the standard of the standa		SIGNATURE ALLE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
B.A.	-	EXAMINER'S DALL MAGE ID	DEPUTY MEDICAL EXAMINER 12/23//
rese execusional per execusion	-	NAME (Type) A BUNIAL CREMATION 226, DATE THEREOF 22c NAME OF CEMETERY OF	Address (Street, city, lown, or county) R CREMATORY 22d, ACCATION terry, town, or country) (State)
	22	RIMOVAL (Specify)	R CREMATORY 22d. (Scation Lity, town, or country) (Stata)
240g	K	JUNERAL DURECTOR TO 11 CAUDRESS 2	// 1 260, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
/S. A15ME	13	TITA Milarathe Out huit	DEC 27'61 Carling & Krous
5M 7/59	K	west, il wandered and large	DATE A. Traus



TO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending chysician and charlety filled in by the funeral	ould	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death
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2	y the	ar this	ed fo	ealth
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LEN	relaii	COR	20	Sept.
A AI	og ×	RECT	onld	tate
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ITA	h. Page 4 may be retained by the hospital or attending physician.	RAI	page	with
OSI	er.	15	ctor,	Pell
		0	dire.	28
100		1		

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13871 CERTIFICATE OF DEATH 14658

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
Dorchester Co. Maryland	o. STATE Md. Dorchester Co.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Cambridge, Md. 30 Years	Cambridge, Md. 13
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS a. IS RESIDENCE
11h Talbot Ave.	11) Talbot Ave.
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
DECEASED (Type or print)	OF DEATH - 10 (-
Thomas	Barkley Dec. 31. 761
7. MARKIED IS NEVER MARKIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthdey) Months Days Hours Min.
Male White WIDOWED DIVORCED	Dec. 7, 1891 83 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Mail Carrier U.S. Mail	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William W Pambler	Amondo Descrit
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Amanda Ruark INFORMANT Address
[Yes, no, or unkown] [liyesgivewarordatesofservice]	***************************************
No Unknown Mrs	s. J. Edward Walter 114 Talbot Ave.
18. CRUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).]	INTERVAL SETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterioscleroti	c Cardiovascular disease 5 years.
The DUE TO	
Conditions, if eny, which	
geva rise lo immediete cause	
(a), stating the underlying DUE TO	
	TO DESCRIPTION OF THE PERSON O
O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?
	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH U (IF ETHER, NOTIFY MEDICAL EXAMINE)	D, (Enter nature of injury in Pert I or Part II of item 18.)
	ACE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
Hour e.m. While Not While	lory, street, office bldg., elc.)
	1/1/56
21. I certify that (I) (this hospital) attended the deceased from.	1/1/50 19 to 12/31/6119 that (I) (we) last
saw the deceased alive on12/19, and that	death occured at9PM, from the causes and on the date stated above.
22e. SIGNATURE	ATTENDING MED, STAFF 22b. DATE
John Rever	A.D. PHYS. DIRECTOR PHYS. 1/1/62
MAME (Type) John Mace Jr	22d. ADDRESS
Trame (Type)	Cambridge, Maryland.
236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stele)
REMOVAL (Specify)	
Burial Jan. 3, 1962 Dorchester Me	
	256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
LeCompte Funeral Service Cambridge, Mc	1. DATHAN 1 0 '62 Chilling S. Thomas

1100 The state of the s AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLU Helphone are a man dight the same are all one of the day of the state of the s the state of the s - The Man of the Contract of the Man Market

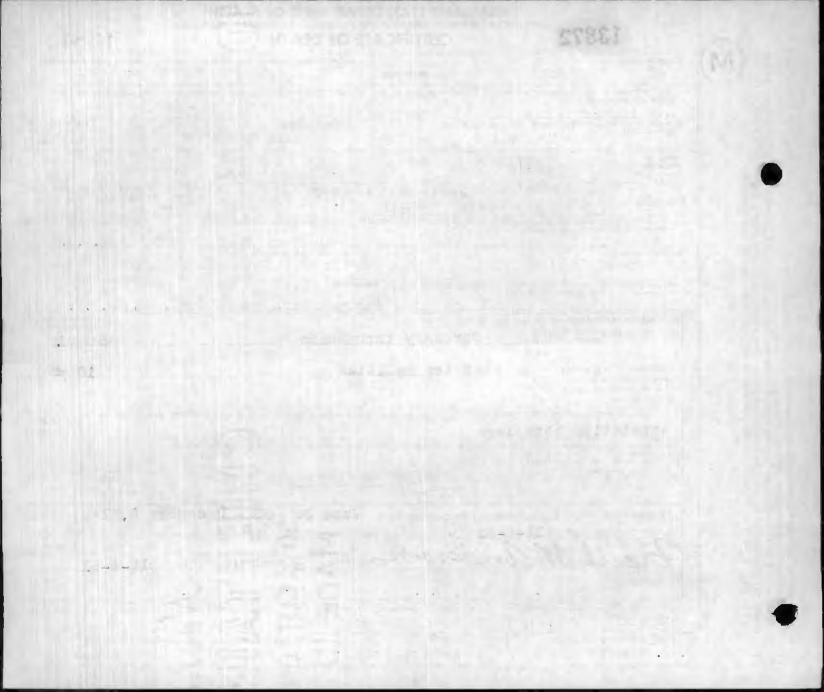
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 13872

CERTIFICATE OF DEATH

13845

1. PLACE OF DEATH	ster	MARYLANI	O STATE	ENCE (Where deced Maryland	ised lived. If instituti b. COUNTY	Dorches	
b. CITY OR TOWN (If autside corr RURAL and give nearest tawn) Federalsburg		c. LENGTH OF STAY IN II	c. CITY OR T		porate limits, write R burg - Pur	_	earest town)
d. NAME OF HOSPITAL (If not in		address)	d. STREET A	Near Fin	chville		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Susic	Middle	Bonner	4. DAT OF DEA	Door	omber 2	2 Yeor 19 61
5. SEX Female Negr	WIDOW		Dec. 18	, 1901	9. AGE (In years lost; birthday) yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind during most of working life, ever Housework 13. FATHER'S NAME Samuel Fraz	if retired)	Home	Vinn 14. MOTHER'S	Sboro, So	uth Caroli name unk	ina U	S.A.
15. WAS DECEASED EVER IN U. S. AI (Yas, no, or unknown) (If yes, give work)	MED FORCES? 16.	SOCIAL SECURITY NO. 17	Harry Bon	ner. Fode		ress	F.D.
PART I. DEATH WAS CAL IMMEDIATE 2 6 0 X Conditions, if ony, which gove rise to immediate cause (a), stating the under- lying cause lost. PART II. OTHER SIGNIFIC Amputation 200, ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE CO (I) ETITHER, NOTIFY MEDICAL EX	DUE TO (b) D: DUE TO (c) ANT CONDITIONS	iabetes mel			ase condition gi		10 yr 19. WAS AUTOPSY PERFORMED? YES NO
7 20c. TIME OF INJURY Manth, Hour a.m.	Duy, Year 20d. I	rk ot work	PLACE OF INJURY IF foctory, street, office	lame, form, 20f. (C bldg., etc.)	lity or town)	(County	
21. I certify that (I) (this saw the deceased alive of the saw the deceased alive of the saw that the saw the	n 12-2-6 M-ar		M.D. ATTENDING PHYS. 22d. ADDRE	MED. DIRECTOR	m the causes or	12-4-6	e stated above. 22b.DATE SIGNED
23a BURIAL, CREMATION, 23b. DA REMOVAL (Specify)	TE THEREOF 196	236. NAME OF CEMETERS			timore 27	, Maryla	
J. J. Framptom ar		ADDRESS Ederalsburg, !	daryland	250. REC'D BY REG		Istrar's SIGNATI	



FOR STATE HEALTH DEPT.

PEDLIY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death my delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3-Page 5 may be retained for your fillas, TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

1. PLACE OF DEA	гн			11	2. USUAL RESIDEN	CE (Where dece	eased lived. If i	institution, Res	idence before	edmission
e. COUNTY	ahaatam				a. STATE		b. COUN	TY		V
	chester	alla.	MARYL			ryland	- 0		orcest	
write RURAL a	nd give nearest town)	1113,	C. LENGIH OF SIA!	GI VII	c. CITY OR TOWN	It outside corpor	ate limits, write	KUKAL end	give nearest to	wn)
	bridge		8yr.lmo.16	da.		now Hill		23	X-2	e.
d. NAME OF HOS	PITAL OR INSTITUTION	(if not in hos	pitel, give streat addres	15)	d. STREET ADDRESS			3		RESIDENCE A FARM
Easter	n Shore Sta	te Hos	spital						YES	NO
NAME OF DECEASED	Firs		Middle		Last	4. DATE	Month	-	Day Ye	өг
(Type or print)	Са	2017	Andrew		Bonneville	OF DEATH	Decem	hon	19 19	61
SEX	6. COLOR OR RACE		D NEVER MARRIED		DATE OF BIRTH	19.	AGE (In years I			ER 24 HRS
Male	White	WIDOWE			0 0 00		last birthdey)	Months De	-	Min.
	TION (Give kind of wor				9-8-01 11. BIRTHPLACE (State	1	00 уп.		1	
one during most of v	rorking life, even if retire	ad) (be	IND OF BOSH4533 OK II	MDD2 IK1	_		(ry)		N OF WHAT	COUNTR
Water	man		•		Maryland			U.	S.A.	
B. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	nneville				Elizabe	th Bradf	ord			
	VER IN U.S. ARMED FO		SOCIAL SECURITY NO.	. 17. IN	IFORMANT		Address			
No	(ii) magive wall or dales (ii)	301 41603	_	REC	ORDS - Easte	mn Shor	a State	Hospi	tal	
. 10 051100 00					CILLO - MOID OF	STIL PILOT	a nare	TOOPI		
ID. CAUSE OF	DEATH [Entar only one	e cause per li	ina for (e), (b), end (c).		(14)0 - 13ab (1	ern onor	e norme	. Hospi	INTERVAL B	ETWEEN
	TH WAS CAUSED BY	Minn		1		ern onor	# D. G. G. G.	повра	INTERVAL B	DEATH
	TH WAS CAUSED BY	My	oardiel in	1		ern onor	@ D02.00	nosp.	INTERVAL B	DEATH
4-20	TH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO	My		1		ern onor	0 5 6 6 6	поврз	INTERVAL B	DEATH
PART I. DEA	TH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Ly, which	My		1		ern onor	5 5 6 6	1000	INTERVAL B	DEATH
4-20	TH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Ly, which (b)	My		1		ern onoi	9 10 tra. 00	, mosp.	INTERVAL B	DEATH
PART I. DEA	TH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Ly, which (b)	My		1		ern onoi	9 10 tra. (10		INTERVAL B	DEATH
Conditions, it of geva rise to imme (a), stelling the cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Y, which diete cause underlying DUE TO (c)	My	ocardial in	farc					INTERVAL B ONSET AND INSTANCE	AUTOPSY
Conditions, it of geva rise to imme (a), stating the cause last.	TH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Y, which diete cause underlying DUE TO ER SIGNIFICANT CONDI	My ITIONS CON	TRIBUTING TO DEATH	farc	RELATED TO THE TERMIN				INTERVAL B ONSET AND INSTANCE	AUTOPSY ORMED?
Conditions, it of geva rise to imme (a), stating the cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Y. which diete cause underlying DUE TO (c) ER SIGNIFICANT CONDI inema right AUSE WAS	My My	tributing to DEATH	farc	RELATED TO THE TERMIN	NAL DISEASE CO	ONDITION GIVE		INTERVAL B ONSET AND INS CO.	AUTOPSY
Conditions, it of geva rise to imme (a), stelling the cause last.	TH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Y, which diete cause underlying DUE TO ER SIGNIFICANT CONDITION TO THE CAUSE WAS ONTRIBUTING DEPT.	My My	tributing to DEATH	farc	RELATED TO THE TERMIN	NAL DISEASE CO	ONDITION GIVE		INTERVAL B ONSET AND INS CO.	AUTOPSY ORMED?
Conditions, if or governing the cause last. PART II. OTH Carc 200. EXTERNAL C PRIMARY Or or C CAUSE OF DEATH	TH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Y. which dilete cause underlying DUE TO ER SIGNIFICANT CONDITIONS INCRE TIGHT	ITIONS CON LUNG	TRIBUTING TO DEATH Chronic by BE HOW INJURY OCCU	BUT NOT	RELATED TO THE TERMIN Syndrome . For nature of Injury in Per	NAL DISEASE CC	ONDITION GIVE	N IN PART 1(ONSET AND LOS TO SEE THE SEE T	AUTOPSY ORMED? NO 1
Conditions, if or governing the course last. PART II. OTH Carc 200. EXTERNAL C PRIMARY or C CAUSE OF DEATH	TH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Y. which dilete cause underlying DUE TO ER SIGNIFICANT CONDITIONS INCRE TIGHT	ITIONS CON 1 Lung 20b. DESCRI	TRIBUTING TO DEATH Chronic by BE HOW INJURY OCCUR	BUT NOT PAIN Oo. PLAC	RELATED TO THE TERMIN	NAL DISEASE CO	ONDITION GIVE		ONSET AND LOS TO SEE THE SEE T	AUTOPSY ORMED?
Conditions, if or gove rise to imme (a), stating the cause last. PART II. OTH Carc PRIMARY OF CAUSE OF DEATH 20c. TIME OF INJ	TH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Y. which dilete cause underlying DUE TO ER SIGNIFICANT CONDITIONS INCRE TIGHT	ITIONS CON LUNG 20b. DESCRI	TRIBUTING TO DEATH Chronic by BE HOW INJURY OCCUR	BUT NOT PAIN Oo. PLAC	RELATED TO THE TERMIN Syndrome For nature of Injury In Per	NAL DISEASE CO	ONDITION GIVE	N IN PART 1(ONSET AND LOS TO SEE THE SEE T	AUTOPSY ORMED? NO 4
Conditions, if or gover rise to imme (a), stating the cause last. PART II. OTH Carc 20e. EXTERNAL (PRIMARY) or CAUSE OF DEATH 20c. TIME OF INJ. Hour a.m. p.m.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO IV, which diete cause underlying DUE TO ER SIGNIFICANT CONDITIONS THE TOP TO THE TOP	ITIONS CON LUNG 20b. DESCRI While of work	Chrenic by BE HOW INJURY OCCURRED 20 Not While of work	BUT NOT TAIN URED. (En Oe. PLAC factor	RELATED TO THE TERMIN Syndrone ter nature of Injury In Per E OF INJURY (Home, farm y, street, office bldg., etc.	NAL DISEASE CO	ONDITION GIVE	N IN PART 1(ONSET AND LOS TO SEE THE SEE T	AUTOPSY ORMED? NO (Stete)
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FOR STATE HEALTH DEPT y delay is necessary, uneral director. Page tained for your thes. Boar **EXECUTY MEDICAL EXAMINER:** This certificate should be executed within 24 hours after death yelesplease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to under a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME SM 9 60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13874 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1284

	1. PLACE OF DEATH o. COUNTY	1	2. USUAL RESIDENCE (Where deceased livad, If	
	Dorchester	MARYLAND	e. STATE Maryland b. COUN	" Dorchester
	b. C.TY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate I m is, write	RURAL end give neerest lown)
Į	write RURAL end give neerest town) Cambridge RFD # 3	8 yrs	X Cambridge, RFD #	3
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit		d. STREET ADDRESS	a. IS RESIDENCE
A.				ON A FARM?
j	3. NAME OF First	Middle	Lasi , 4. DATE Month	
	DECEASED (Type of print)	_	OF DEATH	n n /n 1
	George W.	Bowen		12/11 19 61 HE UNDER 1 YEAR : IF UNDER 24 HRS.
ľ	Z. MARRIEU.		last birthdey)	Months Deys Hours Min.
	M MIDOMED		12/11/1879 82 //-	
7	10a. USUAL OCCUPATION (Give kind of work done during most of working tife, even if retired)	D OF BUSINESS OR INDUSTRY	Y 11 BIRTHPLACE (State or foreign country)	12. C.TIZEN OF WHAT COUNTRY?
		ephone_Co_	Baltimore, Md.	USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Not known		Not known	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC (Yes, no, or unknown) [(Ifyes give were or detes of service)	DCIAL SECURITY NO. 1 17.	NFORMANT Address	RFD # 3
	No	M	rs. Alice Gorell Bowen, Ca	
	18. CAUSE OF DEATH [Enter only one cause per line			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	menti-) alleno	ONSET AND DEATH
	DUE TO			10
	Contract of the same			
	gave rise to immediate cause			_
	(e), sleting the underlying DUE TO			
		RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIV	FN IN PART I(a) 19 WAS AUTODSY
	PART IL OTHER'S GNIFICANT CONDITIONS CONTI			PERFORMED?
	200. EXTERNAL CAUSE WAS 1 206. DESCRIBE	HOW INTERVOCATION OF	inter neture of injury (in Pert I or Pert I) of Item 18.)	YES NO
	PRIMARY OF CONTRIBUTING	HOW INJURY OCCURED. TE	inlet neithe or injury in reti for rest 11 or item 10.)	
		Willy Goddinger on Ald	Cr of hillion ii	
	20c, TIME OF INJURY Month, Day, Year 20d, N Hour a.m. While		CE OF INJURY (Homa, farm, 20f. ,City or town) ory, street, office bldg., etc.)	(County) (Stele)
	₹ p,m 19 ef work	ei work		
	21. I certify that I took charge of the remain	ins described above, hel	Id an Autopsy , Inspection, Inquir	ry, and in my opinion
	death resulted from. Natural causes	Accident, Suici	ide Homicide , Underermined m	anner
			CHIEF MEDICAL EXAMINER	
	SIGNATURE JOHN MAN	a b	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S		DEPUTY MEDICAL EXAMINER	12/14/11
zd.	NAME (Type)		Address (Street, city, town, or county)	1-1/1/01
	22e. BURIAL, CREMATION 22b. DATE THEREOF 2 REMOVAL (Spec fy)	2c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town	, or tounity) (Stefe)
	Busine 12/18/61	Druid Ridge C	emeteryBaltimore	Md.
	23. SUNERAL DIRECTOR	ADDRESS	24m. REC'D BY REGISTRAR 24b. REG	ISTRAR'S SIGNATURE
	Paul & Chenowetter 361,	Chestrul)	hee DAREC 18'61	-1 a Kraus

se way see.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
75 CERTIFICATE OF DEATH

13875

Reg. Dist. No.1 3948

1	1 PLACE OF DEATH 6. COUNTY Dorche	ester Co.		MARYL		o. STATE Mary.	ence (who	ere deceosed	d lived. If ins b. COU	ntulion Resid	ience bei este	ore admiss	ion}
	b. CITY OR TOWN (II RURAL and give no Cambrids	•	its, write	c. LENGTH OF STAY I	N 16	c. CITY OR T		•	rote limits, wr	ile RURAL on	d give no	earest town	}
7	d. NAME OF HOSPIT	AL (If not in hospital, p	give street			d. STREET A			2.011-0			e. IS RES	DENCE
	OR INSTITUTION	Cambridge	Mary	land Hospit	al 📗	137 I	Race S	St.					FARM?
	3. NAME OF DECEASED	Fi	rst	Middle		Los		4. DATE OF		Month	D	loy '	l'ear
	(Type or print)	Elizabet						DEATH	De	cember	17	7	1961
	S. SEX	6. COLOR OR RACE	7. MARI	RIED: CNEVER MARRIES	8.0	ATE OF BIRTH	1		9 AGE (in your last birthd	ears IF UND	·	R IF UNDE	
	Female	white	WIDOW	ED DIVORCED		10-17-	39		72/1	yes. Month	Days	Hours	Min.
	10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11 BIRTHPL	ACE (Slate o	or foreign co	ountry)	12.	CITIZEN	OF WHAT	COUNTRY
	none	ang me, even a remed	'	none		K	ansas	City,	Mo.		U.S.	A.	
	13. FATHER'S NAME				1	4. MOTHER'S	MAIDEN NA	AME				·	
	Unknow	m				Uı	nknown	1					
	15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. INFO	RMANT				Address			
	(Yes, no, or unknown)	Il yes, give wor or dates of i		912-80-415A	Wa	lter B	rand	137 R	lace St	Cam	brid	ge. N	18.
ı	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c).]							ItN	TERVAL BE	TWEEN
1	PART I. DEA	TH WAS CAUSED BY:	. Ce	rebral Acci	dent						2	O mir	DEATH
-1	3311	DUE TO											
	Conditions, if any, which) Arteriosclerosis generalized								1	1 year			
	gove rise to in	nmediate ('1			<u></u>						7	
-	totse (a), stating l	the under-											
-	Z PART II. OTH			CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO	THE TERMIN	NAL DISEASI	E CONDITION	GIVEN IN P	ART 1(a)	19. WAS	AUTOPSY
-	S Circhosis		with	portal obs	truct	ion; D	Labete	s Mel	litus				RWEDS
		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	inter noture of	Finjury in Po ——	ort I or Part	t II of item 1B)			
	20c. TIME OF INJURY Hour a. m., p. Hr.	Y Month, Doy, Ye	While		20e PLACE factory	OF INJURY (I , street, office	dome, farm, bldg., etc.)	20f. (City	or tawn)		(County)	(State)
i	21. I certify th	at I attended the	deceas	sed from //-4+		, 1961	, to 12	-17-6	19	that	Llast s	gw the	deceased
	alive an_12=	-1761	, 12_	, and that									
Ц	1	000		1, 1	9 /				lreet, city or to				TE SIGNED
	ACTUAL	Karias	5-1	4. Wolf	L_M.D	15	Locus	t Str	eet		12-	17-6]	
	PHYSICIAN'S			[./									
	NAME (Type) E	Eldridge H.	Wol	ff, M.D.C.		Car	nb ri dg	e, Ma	ryland		10 Mil altabay gir ggr g		
	220. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THERE)F	22c. NAME OF CEME	TERY OR CI	REMATORY		22d. LOCAT	TION (City, to	wn, or county	1	(Stot	e)
	Burial	12-17-61		Greenlawn	Ceme	terv		Camb	ridge,	Ma	ryla	d	
	23 FUNERAL DIRECTOR			ADDRESS			24a. REC'D			EGISTRAR'S	SIGNATU	JRE	
	LeCompte Fu	meral Serv	rice,	Cambridge,	Md.		DATECO	28'61	0	11 18	Flow	A	

VS A1S (4) 15M 9/55



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=	the State Board of Health prior to burial, cremation, ar remayal, and n any event, within 77 habes after death
ond 2 shauld be filed with	page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Page on 2 should be filed with
	s returned by the haspital ar attending physician.
24 havrs after death. Page 4	5 TO ZZZNIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

1 PLACE O	PE DEATH	rchester		MARYLAN		USUAL RESID a. STATE	Md.	nere deceases	l lived. If instituti b. COUNTY			idmission)
RURAL	or town (IF and give nec 1 Camb		ts, write	c. LENGTH OF STAY IN	Ь	c. CITY OR TO	give neares! 26 X	town)				
OR IN	STITLITION	al (If not in hospital, g ore State F		_ *		d. STREET A	DORESS					S RESIDENCE ON A FARM? ES NO D
3. NAME O DECEASE (Type or	D	. RO	GER	Middle		BROWN		4. DATE OF DEATH	Dec. 8		Day	Year 1961
s sex male	9	6. COLOR OF RACE white	7. MARE	RIED NEVER MARRIED [- -, ,	ATE OF BIRTH	,		9. AGE (In years last brithday) OLL yrs.	Months		UNDER 24 H
too. USUAL during farme	mast of wark	N (Give kind of warking life, even if retired	dane 10b	KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLA	Md.	or foreign co	ountry)		ZEN OF W	HAT COUNTR
13. FATHER:	sname Imes Br	rown			11	MOTHER'S			arringto	n		
15 WAS DE (Yes, no, or uni NO		IN U.S. ARMED FOR f yes, give wor or dates of s		social security no. 1 218-30-1184	7. INFOR	mant pital 1	recor	ds	Add	ress		
Cond gave cause		H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO (b) Immediate (b)	Ven	ne for (0), (b), and (c)] tricular fib; erioscleroti			scula	r dise	ase		1 h	AL BETWEEN AND DEATH
E 200 AC	hexia	er significant con c dehydrat s underlying [] Cause of Death wedical examiner)	tion	CONTRIBUTING TO DEATH						VEN IN PAR	F	WAS AUTOPS PERFORMED? ES NO [
₹ 20c. TIN	AE OF INJURY aur a.m. p.m.	Manth, Day, Ye	20d. II While at war	Not while	. PLACE factory	OF INJURY (F , street, office	tame, farm bldg., etc.	20f (City	ar tawn)	{(County)	(Sto
220 SH	he deceosi	oo M		ded the deceased from 19 61, and the		ATTENDING PHYS 22d. ADDRE	i a3:20	ED RECTOR	12/8 the couses or STAFF CX Cambrids	nd an the	e date st	(I) (we) lo ated abov 22b DATE 2/C/OI
23a BLR AL REMON	AL (Specify)	12/11/6	Z	Chester	RY OR CE		ery	Che	21-1-1-	wn		(State)
24 FLNERA	GETTER'S	Signature, Li San	e 6,	RORCH Hill	7	nd_	- / -	EC 1 2		STRAR'S SI		



FOR STATE EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death pry delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 the funeral director. Page 4 should be forwarded to the Chief Med.cal Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Tages 1 and 2 with the State Board of Heathn, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND A DOM - A EDICAL EVA MINED'S CERTIFICATE OF DEATH

Description	_		13877	JICAL	FAAMI	MEK 3	CERTI	FICA	IE OF L	EAIN	1	7920 -
Dorchester MARYLAND b. CHYOR TOWN (if sould separate form) Cambridge 4. NAME of Hospital or Institution (if not in hospital) Selection of Hospital or Notificial or Noti							2. USUAL	RESIDEN	NCE (Where de-	coosed lived, If	institution: Reside	ance before edm ssion
E. CITY OR TOWN (if cuttide composite limits, write RURAL and give nestrate flows) Cembridge d. NAME of the research town of the composite limits, write RURAL and give nestrate flows) d. NAME of the research town of the composite limits, write RURAL and give nestrate flows) d. NAME of the research town of the composite limits, write RURAL and give nestrate flows) d. NAME of the flower of the composite limits, write RURAL and give nestrate flows) d. NAME of the research of the composite limits, write RURAL and give nestrate flows) d. NAME of the research of the composite limits, write RURAL and give nestrate flows) d. NAME of the research of the composite limits, write RURAL and give nestrate flows) d. NAME of the research of the composite limits, write RURAL and give nestrate flows) d. NAME of the research of the composite limits, write RURAL and give nestrate flows) d. NAME of the research of the composite limits, write RURAL and give nestrate flows) d. NAME of the research of the composite limits, write RURAL and give nestrate flows) d. NAME of the research of the research of the composite limits, write RURAL and give nestrate flows) d. NAME of the research of the)		chester		WK	PVI.2:NIN	a. STATI		Frafr	b. COU	27 1	2004
Cambridge d. NAME of Hospital Or Institution (if not in hospital, give street address) 3. NAME of Cambridge d. STREET ADDRESS Cambridge d. STREET ADDRESS J. STREET ADDRESS NAME of Hospital Or Brid Middle Lad J. DATE OF J. STREET ADDRESS STREET Chester Chester DEATH December 15 1961 5. SER Male Negro windowed Negro windowed Devorated Route Address December 15 STREET Male Negro windowed Devorated December 15 STREET ADDRESS ADATE OF J. STREET ADDRESS STREET Chester Chester Chester DEATH December 15 1961 1961 1961 1961 1962 1963 1964 1964 ADPT11, 21, 1896 ADPT11, 21, 21, 21, 21, 21, 21, 21, 21, 21,		b. CITY OR TOWN (II	outside corporete lim	15,			c. CITY	- 4	<u> </u>	tirw , atimi, oten		
6. RAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streed address) Cambridge Md. Hospital 1. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streed address) Cambridge Md. Hospital 1. NAME OF DEATH December 15 1961 2. SEX 6. COLOR OR RACE / MARRIED NIVER MARRIED B. DATE OF BIRTH Male Negro Widower Louding most of working life, even if relifed on during most of working life, even if relifed Hospital 100. USLAL OCCIPATION (gree Yield week of during most of working life, even if relifed) Or derly 13. FATHER SHAME William Che ster 14. MOTHER'S MARIED Mary land U.S. A. 14. MOTHER'S MARIED Mary land U.S. A. 15. WAS DECEASED IVER IN U.S. ABARTO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT William Che ster 18. WAS DECEASED IVER IN U.S. ABARTO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT WILLIAM WAS CAUSED OF DEATH (Enter only one cause par line for (e), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause par line for (e), (b), and (c). 19. DUE TO Condition; the any derivating the underlying the underlying the underlying the underlying the underlying the underlying of contributing to Contributing the underlying the underlying of contributing to Death work elevant 15 11 18 20. DESCRIBE HOW INJURY OCCURED 20e, FLACT OF INJURY (Hone, ferm, promoted of line) 19 Work elevant 10 While Note Wille 10 While Note Wil		Write RURAL end	give neerest town)		58 Vrs		600 -		_			
Cambridge Md. Hospital 105 High St. 105 NATE of DECREE 105 NATE of DECRES 105 NATE of				if not in hos	1 22 mm m		1					I A IS RESIDENCE
NAME OF DECEMBED Herbert Chester Chester State Color or RACE NAME Chester												ON A FARM?
DECENSED	3	Cambridge NAME OF	Ma. Ho	spita			40	5 H1		·		
S. SK 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 189 9. AGE (in year) if UNDER 21 HRS.		DECEASED	TT 1 4-		Middi				OF	_		
Male Negro widowed Divorced April, 21, 1896 of Start House Main Devy Mours Min. 100. SUAL OCCUPATION (Give Find of werk done during most of weeking life, even if relieved) Orderly Maryland U.S.A. Hospital Hospital Waryland U.S.A. William Chester Mark Divorced Start House Control of Notice Contro	-							-				
Maio	3.			7. MARRIE	D INEVER MAR	KIED L		RTH	- 0 - 1	AGE (In years lest birthdey)		
Description Conditions, if any, which gover its lamediate cause (a), stelling the underlying Course lad. Due to Conditions, if any, which gover its to Immediate cause (a), stelling the underlying Course lad. Course of Death (a), year 20d. NURY OCCURED (a), there notice of injury in Peri I or Peri II of them 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Course lad. Course of Death (a), year 20d. NURY OCCURED (a), there notice of injury in Peri I or Peri II of them 18.) Part II of the Contribution (a), year 20d. NURY OCCURED (a), steep, office bidg., etc.] County Co				·				21,		05 yrs.		Trough Prints
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Chester Mary Wiggins					IND OF BUS.NESS	OR INDUSTR				ntry)		
William Chester [S. WAS DECRASED EVER IN U.S. ARMED FORCES? Id. SOCIAL SECURITY NO. 17. INFORMANT [S. WAS DECRASED EVER IN U.S. ARMED FORCES? Id. SOCIAL SECURITY NO. 17. INFORMANT [S. WAS DECRASED EVER IN U.S. ARMED FORCES? Id. SOCIAL SECURITY NO. 17. INFORMANT [S. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] [B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] [B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] [B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] [B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] [B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).] [C. CONDITIONS (CONTRIBUTING OF CONTRIBUTION ON SET AND DEATH ON SET AND				Но	spital			· ·			U.S	.A.
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MMEDIATE CAUSE (e) COPONARY OCCURSION 15 Mins				cause per l	ine for (e), (b), end	d (c).]	-,			- 001110	_	TERVAL BETWEEN
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PERFORMED? YES NO F 20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20e. Time of Injury Month, Day, Year While of work of w	Z	PART II. OTHER		TIONS CON	ITRIBUTING TO DE	ATH BUT NO	T RELATED TO	THE TERMI	INAL DISEASE C	ONDITION GIV	EN IN PART 1(a).	19. WAS AUTOPSY
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20c. TIME OF INJURY Month, Day, Yeer 20d. NJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Hour e.m., p.m. 19 et work et work et work 21. I certify that I took charge of the remains descr'bed above, held an Autopsy I inspection I, Inquiry I, and in my opinion death resulted from. Natural causes I, Accident Su cide Homicide I, Undetermined manner ASSISTANT MEDICAL EXAMINER DATE SIGNATURE EXAMINER'S DEPUTY MEDICAL EXAMINER 12/20/61	CERT	PRIMARY OF CON	TRIBUTING []									
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21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from. Natural causes Accident Su cide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 12/20/61	EDIC			While	Not While					,	(county)	(3.214)
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ACTUAL SIGNATURE ALSO DATE SIGNED ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER TO 12/20/61			_			-	P-10-1		C		, President	In my opinion
ACTUAL SIGNATURE AND ASSISTANT MED.CAL EXAMINER 12/20/61 EXAMINER'S DEPUTY MEDICAL EXAMINER 12/20/61		death resulted in	om, Natural ca	uses K.	Accident [_]. Su c	Lan-J		hand	letermined m	nanner	
SIGNATURE M. D. ASSISTANT MEDICAL EXAMINER TO 12/20/61 EXAMINER'S DEPUTY MEDICAL EXAMINER TO 12/20/61		ROWINI		2	- 0					_		
EXAMINER'S D			Julian	pro	The same of the sa		M.D.		97			
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La Transmitter of the Country of the	1		_			EMETERY OF	Addi	ess (Street,	city, fown, or c	ounty' Cam	bridge,	Md.
REMOVAL (Specify)	228	REMOVAL (Specify)										(=,
	22		12/19/	OT			OT y	1 24. Pr				
	1		.Clair	Cam	bridge.	Md.			C'D BY REGISTR		BISTRAR'S SIGNA	TUKE

DEC 2 6 '61

arthur S. Kraus



22d. ADDRES

23d. LOCATION (City.

DEC 1 3 '61

.Cambridge . Md.

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23c. NAME OF CEMETERY OR CREMATORS

ADDRESS

Cambridge

Dorchester Memorial Park

. IS RESIDENCE ON A FARM? YES NO X

House

INTERVAL BETWEEN ONSET AND DEATH

O da

PEREORMED?

(State)

22b. DATE

S.GNED

U.S.

physician remove any guip pleas 0 VR A15 (4)

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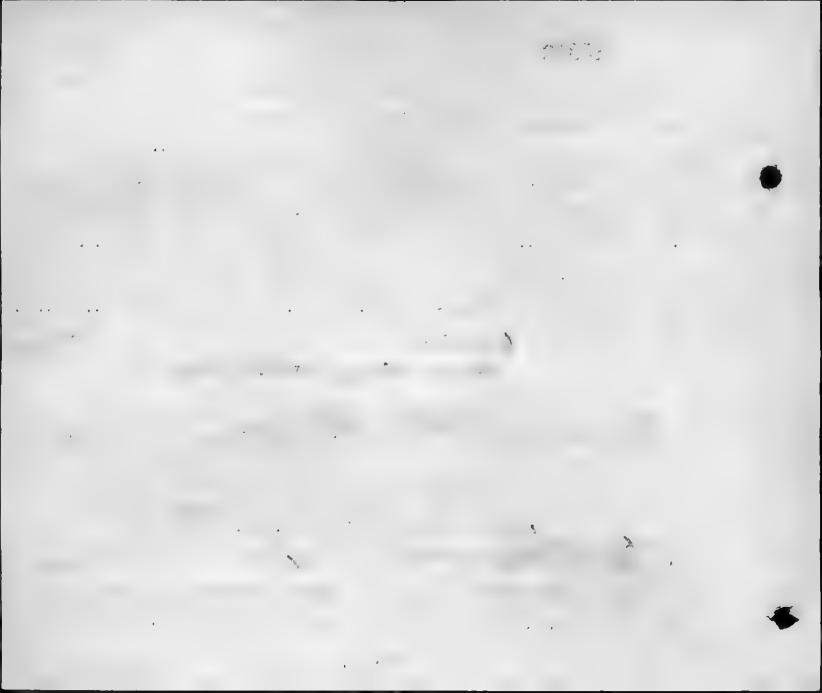
22c. PHYSICIAN

23a. BURIAL, CREMATION

24. FUNERAL DIRECTOR'S SIGNATURE

23b. DATE THEREOF

Dec.10,1961



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	13879		CERTIF	FICA	TE OF DEATH	ı		Reg. Dist.	38	52			
)	1. PLACE OF DEATH o. COUNTY Dorchester Co.		MARYL	AND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY Dorchester Co.								
	b. CITY OR TOWN (If autside corporate limits, RURAL and give nearest lown)	write c.	LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF or		te limits, write RL						
- j	d. NAME OF HOSPITAL (If not in hospitol, give or institution		10 Days		Fishing Creek, Md.				e. IS RESIDE ON A FA				
,	Cambridge Md. Hospita 3. NAME OF DECEASED First		Middle		Fishing Cre	4. DATE	Mont	h C	YES	NO [X]			
	(Type or print) William		Prest	on	Creighton	OF DEATH	Dec.		5,	19 61			
	5. SEX 6. COLOR OR RACE 7	MARRIED	NEVER MARRIED) B	DATE OF BIRTH	9	. AGE (In years last birthday)	Months Doys	R IF UND				
	110420	VIDOWED *			July 1, 1880		8 1 yrs.			Min.			
	10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	ne 10b. KINI	D OF BUSINESS OR	INDUST				12. CITIZEN	OF WHAT	T COUNTRY			
	Merchant 13. FATHER'S NAME		Grocery		Fishing		Md.	U.	S.A.				
		3.1			14. MOTHER'S MAIDEN N								
	William H. Crei		TAL SECURITY NO	117 IN	Nora Phi	TTTDS	Addre						
	(Yes, no or unknown) fif yes, give war or dates of serv	(re)				m.							
	18. CAUSE OF DEATH [Enter only one cous		mown	1 1116	eo. Creighton	P L;	shing Cr		RERVAL BE	ETWEEN			
	PART I. DEATH WAS CAUSED BY.	Ce	relial	den	while			10	SET AND	DEATH			
	MMEDIATE CAUSE (6)	IMMEDIATE CAUSE (0)											
	Canditions, if any, which agove rise to immediate		Aplei	20	lewlie h	efle	rlis		11de	ys.			
	cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)	9	eneral	in	ed Arten	io ocl	Evens						
1	PART II. OTHER SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEAT	IH BÜT N	IOT RELATED TO THE TERMIN	NAL DISEASE (CONDITION GIVE	EN IN PART 1(o)		AUTOPSY DRMED?			
		DE DESCRIBI	E HOW INJURY OC	CURRED.	(Enter nature of injury in P	ort or Port !!	l of ilem 18.)						
	20c. TIME OF INJURY Month, Day, Year Hour a.m. p. m. 19	While	Not while of work	ide. PLAC focto	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City o	r town)	(County)	(Stole)			
	21. I certify that I attended the d	leceased (/	26		12/6		,that I last :					
	alive on	, 19 0 /	, and that a	death (// /		the causes as et, city or town, s	nd an the di ilole)	ate state	ed above			
SIGNATURE Causeine Manyann M.D. 136 Race St										12/6			
	PHYSICIAN'S Lawren	ce /	Marya	ino	v Ca.	nbri	492,	Md					
1	220 BURIAL, CREMAT ON, 226. DATE THEREOF BUR REMOVAL (Specify)		NAME OF CEMET			22d. LOCATIO	ON (City, town, a	r county)	(Stot	le)			
1	Dec. 9,19	61 1	Dorchester	r Me	m. Park	Cambri	dge,	Md					
	23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		DE	BY REGISTRA		TRAR'S SIGNATE					
	LeCompte Funeral Servi	ce (Cambridge.	. Md	DATE	EC 1 2 '6		Jun 2. 14	arrid				

ed in by the funeral director, and 2 should be filed with SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 MERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. At the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55



A MOSPITAL OR ATTENDING PHYSICIAN: The flaw requires that the death certificate be executed within 24 hours after death. Page 4 for executed by the hospital or attending physician.

A MERAL DIRECTOR: After this certificate has been signed by the attending physician and completely by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

VS A1\$ (4) 15M 9/5\$

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

L		-13880		CERTIFICATE OF DEATH				.			Reg. Di	I.R	350	3
i.	PLACE OF DEATH				2	USUAL RESIDI	ENCE (Whi	ere decease			nr Residenc	e befor	e admiss	ion}
	Ι	borchester		MARYI	LAND	Mo	d.	b. COUNTY Dorchester Co.				0.		
	b. CITY OR TOWN (RURAL and give n	If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	DWN (If or	ulside corpi	orate limit	s, write RL	JRAL ond g	ive neo	rest fown)
L	Cambridge	Md.		Life		Cambrio	ige,	Md.	1:	4				
	d NAME OF HOSPI	TAL (If not in hospital, s	jive street	address)		d STREET AD	DRESS		1				e. IS RES	IDENCE FARM?
	Cambridge	Md. Hospita	al			26 Gla	RSgow	St.						NO M
3	NAME OF DECEASED	Fir	si	Middle		Lost		4. DATE		Mont	h	Du	γ '	Year
	(Type or print)	Reginal		Vannema		Founta	ain	DEATH		Dec.		7,		19 61
S.	SEX	6. COLOR OR RACE	7 MAR	RIED 🔯 NEVER MARRIE		DATE OF BIRTH			9. AGE lost b	In years irthdoy)	IF UNDER	Days	Hours	R 24 HRS. Min.
L	Male	White	WIDOW		177	arch 25			63	yrs				
10	during most of wor	ON (Give kind of work: king life, even if retired	} [KIND OF BUSINESS OF			CE (Stote o	or foreign o	country)		12. CITI	ZEN O	F WHAT	COUNTRY
	Plumber		P	Lumbing & He							U	.S.	Α.	
13	. FATHER'S NAME					14. MOTHER'S A								
-		A. Fountain			Jan		llhel:	imina	M. 1					
	es, no or unknown)	R IN U. S. ARMED FOR (II yes, give war or dotes of s	ervice]	SOCIAL SECURITY NO		DRMANT	_			Addre				
=	No			212-16-1349	l Mı	rs. Glad	iys F	ounta	in 2	26 G1	asgow			amb.
П		ATH [Enter only one co ATH WAS CAUSED BY:	use per li	ine for (a), (b), and (c) }	t	P	_		. ,	1.1	4.		RVAL BE ET AND	
П	, ,	IMMEDIATE CAUSE (o		16034 m		+ 1/ 74	4 ×1. ×	s. to ex	5 6	una	To mi	1.5	- Comple	e rps
	1000	DUE TO		Au.		1 /7						11		
	gove rise to immediate (b)													
	couse (a), storing the under lying couse lost												o, Uc	
Õ	Part II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO 1	HE TERMI	VAL DISEAS	E CONDI	TION GIVE	N IN PART	1(0) 1	P. WAS	AUTOPSY RMED?
Ş											_			№ 🔲
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER;													
CAL	20c. TIME OF INJUI	Y Month, Day, Ye		,	20e. PLACE	OF INJURY (Hi	ome_form.	20f. (Cit	y or town)		(C	ounly)		(State)
MED	Hour a.m.	19	While of wo	Not while	ioriai	A' stide.' Citics i	biog., etc.;							
	21. I certify th	nat I attended the	deceas	sed from	72	194L.	to /	2 -	+7	190 /	that Lie	ast so	w the	deceased
П	alive on	2 - 7	19.0	e_L, and that	death o	ccurred at		M. frai	n the c	auses ai	nd an th	e da	e state	ed above
								DDRESS (S						TE SIGNED
	ACTUAL SIGNATURE	1.1, 272.	アレス	コレマセ フレット	M.C)								
	PHYSICIAN'S NAME (Type)						n yiş sir en ye sin yê e			la 1988, 1449 villes diles diles selle s				
22	o BURIAL CREMATIC	N. 226 DATE THEREC	F	22c. NAME OF CEME	TERY OR C	REMATORY		22d. LOCA	TION (Cit	y, town, a	r county)		(Stote	1
	Burial		1961	Dorchester	Mem.	Park		Camb	ridge		M	d		
	. FUNERAL DIRECTOR			ADDRESS			240. REC'D	BY REGIS	TRAR 2	46. REGIS	TRAR'S SIG			
L	eCompte Fu	neral Servi	Lce	Cambridge	Md.		DATE ,	IV 11	7	<u></u>	1.11 8	, The	W.E	



VS A1S (4) 1SM 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

		1388		CERTIFIC	CATE OF DEATH Reg. Dist N3854						4		
1	PLACE OF DEATH		-		2.	USUAL RESIDENCE	Where decease			nce befo	re odmis	slon)	
Ł	Dorchester Cambridgemaryland					East New arket, Md. Dorchester							
Γ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)					c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
L				8 days		X							
L	d. NAME OF HOSPITA			11	d STREET ADDRESS						SIDENCE A FARM?		
L		Md. Hospi	tal			Aurora &	Byrn S	ts. Cambr	idge	Md.	YES	NO [3	
3.	NAME OF DECEASED	Fil		Middle		Lost	4. DATE	Mar		D _c		Year	
-	(Type or print) SEX		bert	- 2	In a	Gertz	DÉATH			1		1961	
ľ	Male	6 COLOR OR RACE white	l .	HED NEVER MARRIED	8. U	11-12-19	0.4	9. AGE (In years lost birthday)	Months		Hours	ER 24 HRS. Min.	
1		1	WIDOW	ED DIVORCED KIND OF BUSINESS OR IND	LISTRY			57 yrs.	12 6	ITIZENI /	DE WHAT	T COUNTRY	
1"	during most of work	ing life, even if retired)	KIND OF BUSINESS OR IND	USIKI		more, h		12. 0		S. A		
1:	I. FATHER'S NAME	C.M.T.	1		Ti.	4. MOTHER'S MAIDE	,		l	0 4	J 21	•	
	Adolph Ge	rtz				Biabit							
1:	. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFO	RMANT	- 21	Add	ress				
F	(es, no. or unknown)	If yes, give war or dates of s		cown									
F	18. CAUSE OF DEATH Fotor only one coust need for (o) (b) odd (c)]											TWEEN	
Ł	PART I DEATH WAS CAUSED BY: 100 Chi procumono.										DEATH		
	445% DUE TO 1/1/1/20 1/											1	
1	Conditions, if ony, which) the Affect the fire Carded lascular Deserve. 2 years												
L	gove rise to immediate out to DUE TO BILL TO DE TO												
١.	lying couse tost. (c) In hack had facilities the state of												
Í	PART II. OTHER SIGNIFICANT CONDITIONS CONTENUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?												
1	1//	a come	7-11	CHIBE HOW INJUST OCCUR	0	e presen	cray 1	201800	al	,	YES [NO 🗌	
CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	LI CAUSE OF DEATH	AUD. DES	The State occurs	eur (E	11 10 0		64 Cen	12 6	65			
			nr 20d 1	NJURY OCCURRED 299. 1	PLACE	OF INJURY (Home, fi							
MEDICAL	Hour o.m.	19	While of wor	Not while ¹	octory	, street, affice bldg ,	elc.)	, (S. 10411)		(County)		fainel	
13				<u> </u>									
		at I attended the	deceas	ed fram.									
	alive an		3 1/2	and that deal	h ac	curred at				the do		ed abave Ate signe	
	ACTUAL SIGNATURE (LILLY M.D. ADDRESS (Street, city or lown, stole) DATE SIGNET												
	NAME (Type)		Í		_	-/							
2	REMOVAL (Specify)	1206751	f (= 1	22c NAME OF CEMETERY	OR CE	MATORY	22d. LOCA	Jack	or county)		(Stot	le)	
23	FUNERAL DIRECTOR	SIGNATURE		ADDRESS			EC'D BY REGIS		STRAR'S S				
1	116 (0119	[./ De 6	1 1	CRT LES	*	DATE	DEC 1 8	'61 .	' fortigue) '	No.			



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

L	13882		TE OF DEATH		1 3855
1	PLACE OF DEATH o. COUNTY Dorchester	CER IC FILIN GOV	2. USDAL RESIDENCE (Where of	deceased lived. If institution Resi	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neacest town) rural cambridge	1 month 9 day	mli.	e corporate limits, write RURAL o	nd give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street or institution Castern ShoreState Hospit	address)	d. STREET ADDRESS	ST.	e. IS RESIDENCE ON A FARM? YES NO DO
3	NAME OF DECEASED (Type or print)	Middle James		DATE Month OF DEATH	Day Year 2. 196/
	White WIDOW	ED DIVORCED	March 5 18	S y lost birthday) Month	
	o USJAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) FATMEF	KIND OF BUSINESS OR INDUS	USA		USA
13	FATHER'S NAME	d	Rachel	Hurley	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 es no or unknown) [If yes, give wor or dates all services]	SOCIAL SECURITY NO. 17 IN	Hospital reco	Address ords	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ne far (a), (b), and (c).]	OFLI	V-c)	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the <u>under-lying cause last</u> (c)				
NOITACI	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN I	PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
T CFOTIF	20g ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Part I	ar Part II of ilem 18.)	
MEDICA	20c TIME OF INJURY Manth, Day, Year 20d Hour a.m. 19 at wa	Nat while fact	CE OF INJURY (Hame, form, 20 tory, street, office bldg , etc.)	Of. (City or town)	(County) (State)
	21 I certify that (I) (this hospital) attended to the deceased of the on 20 2 2			from the causes and on	
	22a. SIGNATURE		ATTENDING MED DIRECT	STAFF 🏕 :	275 DATE SIGNED
	22c PHYSICIAN'S NAME (Type) Thomas J. Dredg	e, M.D.	E.S.S.Hospita	al, Cambridge, M	ſd.
2.	BURAL (REMATION, 236 DATE THEREOF LUGGE 1/2-24-61	23c NAME OF CEMETERY OR MARDELH		LOCATION (City, lawn, or count)	(Stale)
2.	FUNERAL DIRECTOR'S SIGNATURE	Shaptaen,	DATE DEC		SIGNATURE L. Thousa



FOR STATE . please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 inneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained for your files.

IO FUNERAL DIRECTOR, Page 3 should be used as a burial-transit permit. File pages, Land 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removel, and in any event within 72 Rours after death. VS. ATSME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13883 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13856

JĽ	2. USUAL RESIDENCE (Where deceased lived, if nastitution: Residence before edmiss on)									
Ţ	Dorchester Co. MARYLAND Md. Dorchester Co.									
Γ	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN Ib									
1	write KUKAL and give nearest town)									
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS o. IS RESIDENCE									
1	ON A FARM?									
1.	Sunburst Highway Sunburst Highway YES NO									
3	NAME OF First Middle Last 4. DATE Month Dey Year OF									
	(Type or print) Roy C. Harstick Dec. 19, 1961									
5	SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.									
	last birthdey) Months i Devis Hours Min									
1-	Hella company									
1	done during most of working life, even if retired)									
H	Prop. Dairy Queen Ice Cream Bellevue, Iowa U.S.A.									
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME									
П	Louis Harstick Rosamon DeGear Frazer									
13	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT									
10	Yes, no, or unknown (Ifyesgive wer or detes of service) NO Unknown Mrs Roy Harstick Sunburget Highway									
-	Dailout So Internal									
	ONSET AND DEATH									
1	IMMEDIATE CAUSE (6) OCT OTTAT Y OCCITUSION INSTANT									
Н	420.1 DUE TO									
П	Conditions, if any, which \((b)									
П	gave rise to immediate cause									
Н	to be let									
12	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY									
CATION	PART II. O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPS.									
5	YES NO X									
CERTIFI	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Pert II of Item 18) PRIMARY or CONTRIBUTING									
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)									
	Hour e.m. While Not While fectory, street, office bldg., etc.]									
~										
П	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opin on									
П	death resulted from Natural causes X. Accident [], Suicide [], Homicide [], Undetermined manner									
П	CHIEF MEDICAL EXAMINER									
П	SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED									
П	DECITY MEDICAL EVALUATION 12/21/61									
1	NAME (Type Dr. John Mace Jr. N.D. Address (Street, city, town, or county) Cambridge, Md.									
22	te, BURIAL, CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Siete)									
L	REMOVAL (Specify)									
_	Burial Dec. 23, 1961 Dorchester Mem. Park Cambridge Md.									
	LeCompte Funeral Service Cambridge, Md. DATEDEC 28'61 City of Tune									



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14650

	13384		CERTIFIC	ATE OF DEAT	H		Reg. Dist.	No.			
1 PLACE OF DEATH • COUNTY	Dorchester		MARYLAND	2 USUAL RESIDENCE (V o. STATE Marylan	Where deceased	lived. If institution b. COUNTY		pefore odmission) nester			
b. CITY OR TOW	N (If outside corporate lim		c. LENGTH OF STAY IN 16	1/		ote limits, write RU	RAL and give	nearest town)			
Cambri	e nearest town) 리모유		life	1/3 Cambrid							
d. NAME OF HO	SPITAL (If not in hospital	give street	address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?			
or institution 412 Pi	ne Street			412 P	ine St			YES NO [X]			
3. NAME OF DECEASED (Type or print)	Fi		Middle Hongon	lost	4. DATE OF DEATH	Month		Day Year 31 10 61			
5. SEX			OWN HONSON	B DATE OF BIRTH				3L 19 61 EAR IF UNDER 24 HRS			
_		WIDOW	_	Jan 6, 189		last birthday)	Manths Da				
Female	NO CTO	donal 10b	KIND OF BUSINESS OR IND				It2 CITIZE	N OF WHAT COUNTR			
during most of v	working life, even if retired	1)		Charles	*	S.C.		SA			
13. FATHER'S NAME)Let.		Laborer	14. MOTHER'S MAIDEN		5.0.		DA			
Danie	1 Parm			Mary Br							
	EL Brown Ever in u. s. armed foi	CES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	OMII	Addre	19				
(Yes, no or unknown)	(If yes, give wor or dates of	tervice]	12-16-2222		Citte			MA			
no 212-16-2222 Martha B. Clifton, Baltimore, Mo											
	BARY I BEATH MAR CAUSED BY										
11 / ~	Investor cause (e) Carcinoma of Bladder										
Condition	Conditions if one which h										
gave rise to	immediate (,									
couse (a), stati	ng the under:										
			CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIVE	N IN PART I	IN WAS AUTOPSY			
ATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA										
20a. ACCIDENT		YES NO									
PART II. (20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of item 18.) [If EITHER, NOTIFY MEDICAL EXAMINER]										
20c. TIME OF IN.		or 20d II While	NJURY OCCURRED 20e I	PLACE OF INJURY (Home, for octory, street, affice bldg , e	rm, 20f (City o	r town)	(Cove	η'γ) (Slole)			
		at wor	k ol wark								
21. I certify	21. I certify that I attended the deceased from November 1, 160, to Dec 31, 1961, that I last saw the decease										
olive on	olive on December 31 1961, and that death occurred at 12p M, from the couses and on the date stated above										
l	ADDRESS (Street, city or town, stote) DATE SIGNE										
ACTUAL SIGNATURE	Jan Jan	al	rest	M.D. 227 Pi	ne St.	, Cambr	idge,	Md1/2/6			
PHYSICIAN'S NAME (Type)	J. Edwin	Fass	ett,M.D.								
220. BURIAL, CREMA	TION, 226. DATE THEREO)F	22c, NAME OF CEMETERY	OR CREMATORY	72d LOCATIO	ON (City town, or	county)	(State)			
Burial	" 1/5/6:	2	Waugh Cer	metery		ridge-D					
23. FUNERAL DIRECT		1	ADDRESS -	24g. RE6	C'D BY REGISTRA	AR 24b. REGIST	RAR'S SIGNA	TURE			
17/1 / 1 / /	111/11/11	10			JAN 1 S	160	7 4 0				

VS A15 (4) 15M 9/SS

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should I. PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) e. COUNTY e. STATE 5. COUNTY Dorchester 事 2 7 MARYLAND Forchester death. and b. CITY OR TOWN (if outs du corporate semits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (f outside corporate limits, write RURAL and give necrest town) Ś write RURAL and give nearest town) .5 🗆 Cambridge, R.D. 40 years Cambridge, R.D. 2 ed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES W NO Rural Rural 3. NAME OF First Middie Last 4. DATE Month Day Year DECEASED OP (Type or print) Marcie Jones DEATH Hoge December 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. carb last birthday) Months Devs Hours Min. Female White WIDOWED X DIVORCED August 13 yrs. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NOJSTRY, 11. BIRTHPLACE (County & State, or foreign country) remov≡ 12. CITIZEN OF WHAT COUNTRY? physicia done during most of working life, even if retired) Homemaker Eishops Mead, Dor. Co. U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME lease in pu attending i Marrison Jones Rhoda Ann Pritchett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give wer or dates of service) Miss Alta A. Hoge, Chabridge, Md., R. D. 2 No 18. CAUSE OF DEATH [Enter only one cause per line for (e), [b,, and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: da IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. the PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY PERFORMED? NO 1 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INLURY OCCURRED , 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) 20c. TIME OF INJURY (County) (State) Month, Day, Yeer factory, streat, office bldg., etc.) While Not While Hour a.m. al work at work ,[19....., that (1) (we) last 21 | certify that (I) (this hospital) attended the deceased from. . . saw the deceased alive on..... 220. SIGNATURE ATTENDING MED. DIRECTOR PHYS. CEL PHYS. M.D. 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type) dryanov ector, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) g. di Buria 0 .1961 Dorchester Memorial Park ark | Cambridge Md. 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Orthur S. Kraus DATE DEC 2 6 '61 15M 9/60 Tuoy Cambridge, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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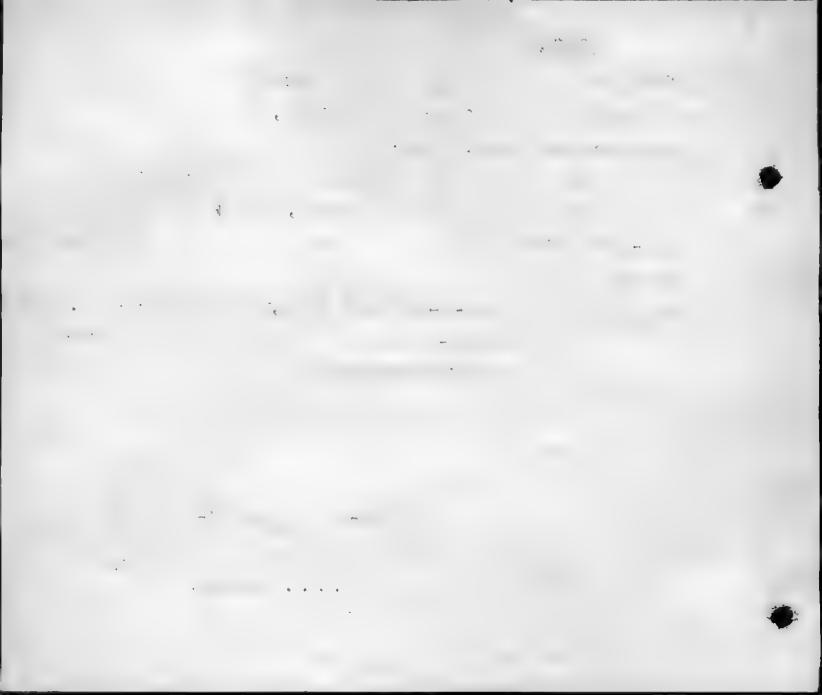
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VR AIS (4)

1/1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		13886	CERTIFICA	IE OF DEAT	н	T9999
۱,	PLACE OF DEATH		MABYLAND	a. STATE Mary.	CE (Where deceased lived, If institution b. COUNTY	Residence before edmission! Queen Anne
r	b. CITY OR TOWN (if a write RURAL end g ural Cambri	idge	2 years	Millington	If outside corporate limits, write RURAL Md	end give neerest town)
E			(if not in hospital, give street eddress)	d STREET ADDRESS	# ·	e. IS RESIDENCE ON A FARM? YES NO
à.	NAME OF DECEASED (Type or print)	John Tark		Holmes	4. DATE Month OF DEATH December 2	26 1961
		6. COLOR OR RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH November 2,1	9. AGE (In years IF UND!	ER 1 YEAR IF UNDER 24 HRS.
do	male . USUAL OCCUPATIO ne during most of worki Export—Imperatures FATHER'S NAME	IN (Give kind of wor	k IDS. KIND OF BUSINESS OR INDUST	RY 11, BIRTHPLACE (Coun England	Ny & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY? [aturalized of US/
	John Holmer			14. MOTHER'S MAIDEN	NAME	
	WAS DECEASED EVER is, no, or unkown) (Ify		tervinel		,Eastern Shore Sta	te Hosp Cambridge
	PART I. DEATH	WAS CAUSED BY, MEDIATE CAUSE (e) DUE TO which (b)	Generalized arter			10 days
EXEMPED AND A PROPERTY OF THE	PART II OTHER S 200 ACC DENT WAS OR CONTRIBUTING [UNDERLYING []	206. DESCRIBE HOW INJURY OCCURE			ART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
3 53W	20c. TIME OF INJURY Hour s.m.	f Month, Day, Ye		ACE OF INJURY (Home, form tory, street, office bldg., etc.		County) (State)
	21. I certify that saw the deceased	ı (I) (this hospi	ial) attended the deceased from 19.61, and tha		9059 to 12-26	
	22c. PHYSICIANG 1	mon Virk	Utras 5.		STAFF DIRECTOR PHYS Cambridge, Md	12/26/61 SIGNED,
0	BURTAL, CREMATION REMOVAL (Specify) REM ATTON FUNERAL DIRECTORS	N, 236. DATE THE	REOF 236. NAME OF CEMETERY 61 SILVER BROCK ADDRESS MY WIND	OR CREMATORY	23d. LOCATION (City, town or con	DEL

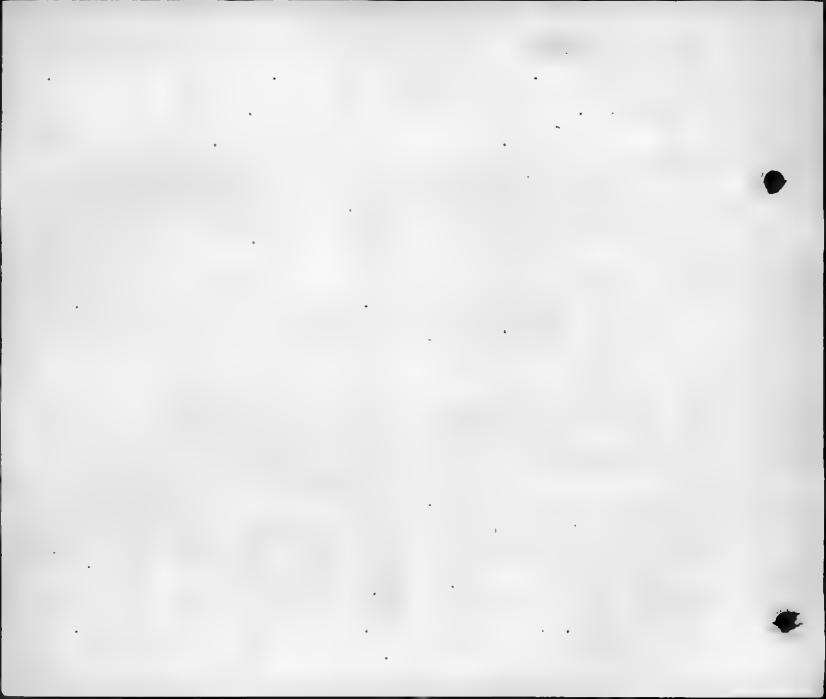


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3		13997		CERTIF	ICA	ATE OF DEATH					Reg. Dist. \$43859				
	1. PLACE OF DEATH	hester Co	A4 4 BUL 4	- 17	USUAL RESIDENC				If institution						
		MARYLA		TIU.						Dorchester Co.					
	b. CITY OR TOWN (If RURAL and give nec	outside corporate limi prest town)	ts, write	c. LENGTH OF STAY IN	1 15	c. CITY OR TOWN (If outside carporate limits, w					write RURAL and give nearest town)				
J	Cambridge,			40 Years		Cambrid		Md.	,	13					
	d. NAME OF HOSPITA OR INSTITUTION			address)		d. STREET ADDRE				1			e. IS RES	IDENCE FARM?	
	100 Be	elevedere .	Ave.			100 Bele	ved	ere A	ve.]		NO 🔀	
-1	3 NAME OF DECEASED	NAME OF First				Last		4. DATE OF		Mon	th	Do	у	Yeor	
-	(Type or print)	T	•	Sewell		Hubbert		DEATH		Dec	•	5	,	19 61	
ı	5. SEX	6. COLOR OR RACE	7. MARI	NEVER MARRIED	□ B.	DATE OF BIRTH			9. AGE	(In years irthday)	Months			ER 24 HRS.	
	Male	White	WIDOW			ec. 20,19			49		Months	Doys	Hours	Min.	
	10a. USUAL OCCUPATION during most of worki	N (Give kind of work in his life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	Y 11. BIRTHPLACE ((State s	or for ei gn c	ountry)		12. C	ITIZEN C	F WHAT	COUNTRY	
	Owner			arm Lmplemen	at Co	Linkwoo	d,	Md.			U.	S.A	٠.		
ı	13. FATHER'S NAME					14. MOTHER'S MAIL	DEN N	AME		,					
M	Edgar S.					Versa Hurley									
4	15. WAS DECEASED EVER	IN U. S. ARMED FOR	17. INF	NFORMANT Address											
No Unknown Mrs. Sewell H									100	Bel	evede	ere A	lve.		
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]										- 4		INT	ERVAL BE	TWEEN	
1		H WAS CAUSED BY:	, ~	USCU	LA	RDY	15	TR	07	HY			2 8	1 0 S	
1	7741	DUE TO													
1	Conditions, if on														
1	cause (a), stating the under DUE TO														
1	lying couse lost.) (c)												
1	PART II. OTHE	ER SIGNIFICANT CON	DITIONS (ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I								RT 1(a) 1	1(a) 19. WAS AUTOPSY PERFORMED?		
ı	3												YES 🗌	№ [
	OR CONTRIBUTING	UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	URRED	Enler noture of inju	ry in P	ort I or Por	1 II of ite	m 18.)					
ı		MEDICAL EXAMINER)													
-	ZOC. TIME OF INJURY Haur e m.	Month, Day, Yes	ır 20d. il While	NJURY OCCURRED 20	De PLAC focto	E OF INJURY (Home, y, street, affice bldg	, form,	20f (City	y or town)		(County)		(State)	
ı	p. m.	19	ol wor		_										
ı	21. 1 certify the	it I attended the	deceas		2/	, 19.6, ta	/2	,	5	196	,that I	last so	aw the	deceased	
	alive on 12	-4	,119	, and that d	eath a	ccurred av 24	15 F	M, fran	m the c	auses a	nd an	the da	te state	ed abave	
4		7/15	1	19				DDRESS (S						ATE SIGNED	
-	ACTUAL SIGNATURE	10.7	1-4	may 1	м		ے د	\geq	4	UK	. 7 /	TS	<u></u>	YDE	
	PHYSICIAN'S NAME (Type)	V, E.	GU	NEX	IR.	CA	M	13 F	2/2	>6	R	,	M	D	
	220. BURIAL, CREMATION	I, 226. DATE THEREC	F	22c. NAME OF CEMETE	ERY OR (REMATORY		229 LOCA	TION (Ci	y, town, o	r county)		(State	•}	
	Burial (Specify)	Dec. 7.	1961	Dorchester	Men	. Park		Cambr	idge		Ma	ryla	and.		
	23. FUNERAL DIRECTOR'S			ADDRESS				BY REGIST	TRAR 2	Ab. REGIS					
	LeCompte Fu	meral Serv	rice .	Cambridge, N	Vid.	DAT	E 05	1 2 7	31	C.	Eun &	. Has	uð.		

TO POSPITAL OR ATTENDING PHYSICIAN: The low = vires that the death certificate be executed within 21 haurs after death. Talle I per retained by the hospital or attending physician.

TO AMERAL DIRECTOR: After this certificate has lean signed by the attending physician and completely at in by the funeral director, page 3 should be detached for use as the burial-tensit = rmit. Then please remove corbon papers. Fage 1 and 2 should be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55



VR A15 (4)

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1388
CERTIFICATE OF DEATH
13860

	1. 1	PLACE OF DEATH [] 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission)
	1	a. COUNTY Surclestes & MARYLAND MARYLAND
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
		d. NAME OF HOSPITAL OR INSTITUTION If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS
,	2	astern flore Sate Kurp Gundridge YES IN 1
		NAME OF First Middle Lost 14. DATE / Month / Day Year
		DECEASED Kerteram archibald Killer OFFTH 1961
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
)	4	M WIDOWED X DIVORCED 1878 183 YR
	10a dor	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	C	uneuter Va, U.S. A USA
		FATHER'S NAME 14. MOTHER'S MAIDEN NAME
		PRINCE W LILLIA KARLER DENNY COMER
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT TOURS Address
	(Ye:	25, no or unkawn) (If yes give war or dates of service)
	120	18 CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c,)
		PART I DEATH WAS CAUSED BY. On I CALLAD A A A A A A A A A A A A A A A A A
		IMMEDIATE CAUSE (0) CErchial artenasclessis
		DUETON DUETON DE L'ANGUIL
		Conditions, it only, which of Process Pormer Lyndrouse will Securile Brain June 8-5-61
		gave rise to immediate cause (e), stating the underlying OUE TO
		cause last. (c)
)	중	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	ΑĬ	YES NO
	CERTIFICATION	20e ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of tem 18.,
	1 ° 1	OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)
	3	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f., (City or lown) (County) (Stete)
	MEDICAL	Hour e.m. While Mot While factory, street, office bldg., etc.)
	-	
	ш	17) correct that (i) this hospital allenged the deceased from the factor of the fact
	8	saw the deceased alive on. Nexturbe, 11. 19.61, and that death occurred at
	a	saw the deceased alive on. Mexicology 11. 19.61, and that death occurred as, M, from the causes and on the date stated above. 226. SIGNATURE ATTENDING MED STAFF 12.12 12.12 12.12 13.61 14. 19.61 15.61 16. 19.61 17. 19.61 18. 19.61 19
	4	saw the deceased alive on Nexture 11. 19.61, and that death occurred as, from the causes and on the date stated above. 220 SIGNATURE MED ORECTOR PHYS. 12-12-61 SIGNED
<	~ / /	saw the deceased alive on Newtone 11. 19.61, and that death occurred as . AM, from the causes and on the date stated above. 226. SIGNATURE MED ATTENDING DIRECTOR STAFF PHYS. 12-12-61
<		Saw the deceased alive on. Nexusle, 11. 19.61, and that death occurred at FAM, from the causes and on the date stated above, 226. SIGNATURE ATTENDING MED STAFF S.GNED 22c. PHYS. DIRECTOR PHYS. X /2-/2-61 22d. ADDRESS NAME (Type) MCRCENSTERN, VACOR BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION [City, town or county) (State)
<		saw the deceased alive on. Nexusle, 11. 19.61, and that death occurred at . AM, from the causes and on the date stated above. 226. SIGNATURE WED DIRECTOR DIRECT
< 1		Saw the deceased alive on. Nexusle 11. 19.61, and that death occurred at . AM, from the causes and on the date stated above. 226. SIGNATURE M.D. PHYS. DIRECTOR PHYS. X /2-/2-61 226. PHYSICIAN'S NAME (Type) MCRENTERN, VACOR BURIAL, CREMATION, 23b. DATE THEREOF PROVIDENCE (Specify) 1276. NAME OF CEMETERY OR CREMATORY 23d. LOCATION [City, town or county) Column Cemetery (State) 1276. NAME OF CEMETERY OR CREMATORY 1276. NAME OF CEMETERY OR CRE
<1		Saw the deceased alive on. Decline 11. 19.61, and that death occurred at E.M., from the causes and on the date stated above. 22b. DATE 22c. PHYSICIAN'S NAME (Type) MCRCENTERN, JACOB BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1276-61 23c. NAME OF CEMETERY OR CREMATORY Calvert Cecil (Stele) Calvert Cecil (Stele)



VR A15 (4)

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1380
CERTIFICATE OF DEATH
13861

ī.	PLACE OF DEATH COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (Where deceased fived, if Institution, Residence before admission) New York b. COUNTY Wic.								
r	b. CITY OR TOWN (if autside corporate limits, write RURAL and give neacest lown) ural. Cambridge 11 months	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Salisbury								
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) stern Shore STate Hospital	925 E. Church St. 2								
3.	NAME OF BECEASED (Type or print) MARY ELLEN LEONARD	4. DATE Menth Day Year OF DEATH December 8th19 61								
		3. DATE OF SIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 9. AGE (in years FUNDER 1 YEAR FUNDER 24 HRS. 9								
13	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired) None House Work None	Maryland (Parsonsburg, Md) U.S.A.								
15	unk	Nancy E. Hamblin Nancy E. Ha								
	PART I. DEATH WAS CAUSED BY. Chronic Myocarditis DUE TO Company of the death of the company o									
	Conditions, if any; which gava rise to immediate cause (a), stating the underlying cause last. (b) Generalized arteriosclerosis (c)									
CERTIFICATION		DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,3) 19. WAS AUTOPSY PERFORMED? YES NO K								
1 .	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)), (Enter natura of injury in Part I or Part II of item 18.)								
MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)								
ic I	21. I certify that 10 (this hospital) attended the deceased from saw the deceased alive on Dec. 8	12/29/60 1950 to 12/8/ 1961, that (1) (we) last death occurred at 10 PM from the causes and on the date stated above,								
	220 SIGNATURE Ru F. Schneidern 22c. PHYSICIAN S. PHYSICIAN S.	ATTENDING MED. STAFF Dec. 8,1961 SIGNED								
23	NAME (Type) John F. Schnieder MD BURIALA CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL Specify BURIALA Specify BURIALA CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIALA Specify									
[FUNERAL DIRECTOR'S SIGNATURE ADDRESS DILOWAY & COMPANY SALISBURY MARY	LAND DATE DEC 1 4 61 FEMT S. TEMAS								



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		13890		CERTI	FIC/	ATE OF L	EATI	Н		Reg. Dis	1. No.13	862
1.	PLACE OF DEATH		2. USUAL RESI	PENCE (W	here deceased		ution: Residenc					
l.,	6. 6001411	Dorches	ter	MARY	LAND	o STATE	Mar	yland	b. COUN	" Doro	heste	er
Г	b. CITY OR TOWN (RURAL and give r	(If autside carporate lim	its, write	c. LENGTH OF STAY	IN 15	c CITY OR 1	IIJ NWOI	outside corpor	ote limits, write	RURAL and g	ive negrest to	wn)
L	Cambr			28 Yrs	\$	1 200	Cam	bridge				
	OR INSTITUTION	ITAL (If not in hospital, (oddress)		d. STREET A	DDRESS				w, IS R	ESIDENCE
L	or institution 58 Ro	bbins Str	eet				58	Robbir	is Str	eet		□ NO [7]
3.	NAME OF DECEASED		rst	Middle	9,	los	1	4. DATE OF	A	Aonth	Doy	Yeor
L	(Type or print)	YO	RK			LITT	Ė	DEATH	Dec		6.	19 61
5.	SEX	6. COLOR OR RACE	7. MARR	IED 🔲 NEVER MARRI	ED 📋	B. DATE OF BIRTI	4	1	9. AGE (In year	A PROPERTY OF	Days Hou	-
L	Male	Negro	WIDOWI			April	4,1	395	_66_y	rs.		
100	b. USUAL OCCUPATI during mast of wor	ON (Give kind of work rking life, even if retired	done 10b.	_		STRY 11. BIRTHPL	ACE (State	or foreign co	untry)	12. CITI	ZEN OF WH	AT COUNTRY
L	Laboi	rer		Laborer	•		oro				USA	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME				
-	NAME OF COLUMN SW	Hender		Little	1			Katie		tcher		
	n, no. or unknown)	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO		NFORMANT				ddress	-	
H	Yes	WW II		14-07-843	0	Charlie	<u> </u>	ttle,	Phila	delphi		t e
		ATH [Enter only one co ATH WAS CAUSED BY:	ouse per lin	ne for (a), (b), and (c).	1	//					INTERVAL ONSET AN	ID DEATH
	13.	IMMEDIATE CAUSE (und	a	eme					32	deling
	191	DUE TO		tound		1.1	α	111)	
	Conditions, if a	immediate	1-6	MELLE	10-1	MULITA		VO			1	
	couse (o), staling the under- tying couse last										2	
z		HER SIGNIFICANT CON	IDITIONS (ONTRIBUTING TO DE	ATH RUT	NOT RELATED TO	THE TERM	NAL DISEASE	CONDITION	GIVEN IN PART	1/01/19 WA	SAUTOPSY
CERTIFICATION	an	11.	a a	10/15/1		7101 11001100 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HALL STOLAGE	CONDINON	DIVERS HAT VAL	PER YES	FORMED?
FE	200 ACCIDENT W	AS UNDERLYING []	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature a	f injury in	Port I or Part	I) of item 18.)		1631	1 140 121
GE	OR CONTRIBUTING	G CAUSE OF DEATH MEDICAL EXAMINER)					• •					
Y.	20c. TIME OF INJUI	RY Month, Day, Ye	ar 20d. 1	NJURY OCCURRED	20e. PL	ACE OF INJURY	Home, forr	n, 20f. (City	or lown)	[C	ounly)	(Stote)
MEDICAL	Hour o.m. p.m.	19	While of wor	Not while	fa	clory, street, office	bldg., etc	:-)				
1		hat I attended the		<u> </u>	1	10(4)	. 10	de.	6 100	In that I le	ant carry th	
	alive on	D' diferided line	10	,	death	occurred at	e 71	M from	the server	s and on th		
	1	1	* *	ez-f, ond mar	ocum	/ Cocomed of	-36		eel, city or tow		e odie sk	PATE SIGNE
L	ACTUAL SIGNATURE	11/1/2	1-22	Across		40 C	Lie	LMA	150 2	nu	121	10/6/
	73			,		M. U		eraki	801	-4-66	7	107.30.1.
L	PHYSICIAN'S NAME (Type	1. 100	Im,	son								
220	BURIAL, CREMATIC	ON. 226. DATE THERES	OF F	22c. NAME OF CEM	ETERY C	R CREMATORY		22d LOCATI	ON (City, tow	n, or county)	(S	late)
F	REMOVAL (Specify lem. Burla	1 12/12/	1961	Tarboro	Ce	meterv		Taro	horo.	North	Carol	ina
	FUNERAL DIRECTO		/	7. ADDRESS			240. REC	D BY REGISTR	AR 245 RE	GISTRAR'S SIG	NATURE	
1	rebert	MRHLY	cot 1	Camb	orid	lge,Md.	DATEEC	1 8 '61		un S. 72	Aphilia April 1	

TO POPTIAL OF ATTENDING PHYSICIAN: The low requires that the death sertificate be executed within 24 hours after death. Tage # d in by the funeral director, I and 2 shauld be filed with be retained by the hospital or attending physician.

MERAL FIRECTOR: After this certificate has been signed by the attending physician and complete, page batuld be detached for use as the burial-transit from. Then please remove carbon papers, the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

2 , 5 55

Contray S. Finns

DATE AN A

	13201 CERTIFICATE OF DEATH 13863
1	1. PLACE OF DEATH a. COUNTY Dorchester 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Dorchester AMARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Dorchester
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hurlock - Rural 25 years c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hurlock - Rural
	d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Cabin Creek Road d STREET ADDRESS Cabin Creek Road e. IS RESIDENC ON A FARM YES NO
3	3. NAME OF DECEASED (Type or print) First Middle Lost Lost OF DECEASED (Type or print) Lowe December 30 196:
	Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (in yeors lost birthdoy) Months Doys Hours Miles Mi
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer Farming Federalsburg, Maryland 12. CITIZEN OF WHATCOUN Federalsburg, Maryland U.S.A.
	3. FATHER'S NAME Edwin T. Lowe Annie Fisher
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO Unknown Harvey J. Brodes, Hurlock, Md., R.F.D.
	PART I. DEATH WAS CAUSED BY: S
	PERFORMED 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) Contribution Cause of Death 20b. Describe How Injury occurred Contribution Cause of Death Contribution Contributio
-	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 Ot work of wor
	21. I certify that (I) (this haspital) attended the deceased from. 19 in that (I) (we) saw the deceased alive an
16 A.A.	230 BURIA, CREMATON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (5tote) REMOVAL (Specify) Jan. 4, 1962 East New Market Cemetery East New Market, Maryland
2	J.J. Framptom and Son, Federalsburg, Maryland 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS ADDRE

the funeral director, ??

* PITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.

NERAL DIRECTOR: After this certificate has been signed by the attending physician at

VR A15 (4) 15M 9/59



PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND 3892 MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) director. Payour files. e. COUNTY b. COUNTY Marvland Anne Arundel Dorchester MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) for your f write RURAL end give neerest town) Sudden Pasadena (RFD) Cambridge (rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) H. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X Solley Road Marsh Lands NAMEOF Middle 4. DATE DECEASED OF (Type or print) DEATH 1961 NAPOLEON MATTHEWS 5類 December 6 COLOR OR RACE 17, MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 5 ast birthdey) may 2 wif age 5 may 1 and 2 wil 72 hours Months Hours WIDOWED T DIVORCED [Sept. Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages I Local Union Cambridge, Maryland Carpenter P.M.3. 1 14. MOTHER'S MAIDEN NAME Mattie (unknown) Matthews WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 3344° Mountain Road (Yes, no, or unkown) (If yes give we rar dates of service) 216 10 7530 Mrs. Roberta Tribull Pasadena, Maryland IE. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN e along ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Coronary occlusion Instant IMMEDIATE CAUSE (e) Office burial-r DUE TO removal, Conditions, if eny, which (lb) geve rise to immediate cause 10 DUE TO (e), stating the underlying 12 6 nsed ld be usecremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 2De. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. 3 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 2Dc TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bidg., etc.) While Not While at work at work OR: 21 I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion forwarded to DIRECTO death resulted from. Natural causes K Accident Surcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forwer PUNERAL DIS ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X John Mace Jr. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22d, LOCATION (City, fown, or country) Burial 40 6 Glen Haven Memorial Park Glen Maryland 24b. REGISTRAR S S.GNATURE 24a. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR ADDRESS VS. A15ME Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 13893 director 1, PLACE OF DEATH a. COUNTY filed MARYLAND Dorchester, Co. Md. haurs after death." funerol b. CITY OR TOWN (if autside carparate limits, write e. LENGTH OF STAY IN 16 8 RURAL and give nearest town) should Cambridge, Md. Life Cambridge Md. d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS Cambridge Md. Hospita Roslyn Ave. Ξ. NAME OF First Middle 4. DATE Lost DECEASED P OF DEATH (Type or print) James Mowbray Dec. within 5. SEX 6 COLOR OR RACE 7. MARRIED A NEVER MARRIED DATE OF BIRTH 9. AGE (In years lost birthdoy) complete Male papers. White WIDOWED [7] DIVORCED [executed 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) death. during most of working life, even if retired) Truck Driver Oil Co Cambridge, Md. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME James C. Mowbrav Olevia Harrington 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ttending Yes World War 11 Unknown Mrs. James C. Mowbray CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) **DUE TO** ģ permit. Conditions, if any, which (b) certificate has been signed e os the burial-transit permi gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HIGH. 20g. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) MEDICAL 20c, TIME OF INJURY Month, 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Hame, farm, Day, Year 20f. (City or lawn) factory, street, affice bldg., etc.) House a. m While Not while at work of work 21. I certify that I oftended the deceased from. 19____,that I lost sow the deceased and that death occurred at. M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) should PHYSICIAN'S NAME (Type) 33 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar county) REMOVAL (Specify) Burial Dorchester Mem. Park Cambridge 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Cambridge Md. LeCompte Funeral Service DATE DEC 2 1 '61

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. DistaNes C 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY Dorchester Co c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO T

Month

Address

Months

Yeor

19 61

Min.

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

12 CITIZEN OF WHAT COUNTRY?

U.S.A

INTERVAL BETWEEN ONSEL AND DEATH

PERFORMED? YES NO

(State)

DATE SIGNED

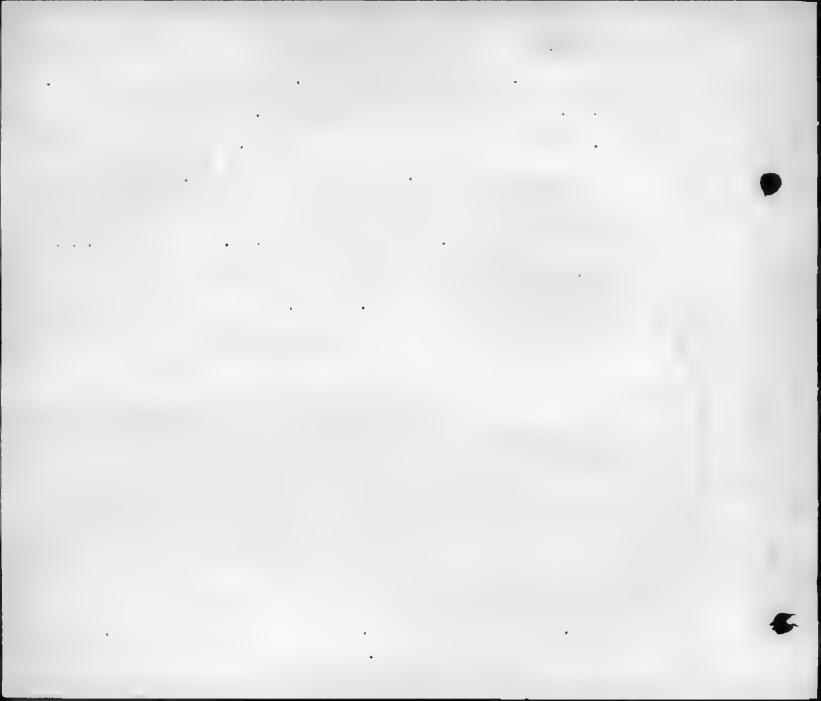
(State)

Days

(County)

thu & # 1. 45

15M 9/55



FOR STATE HEALTH DEPT. TC LIUITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death from delay is necessary, piesse execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3. Innerel director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages-1-and 2 with the State Board of Heelth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 fiqure after death.

VS. A1SME 5M 7/S9

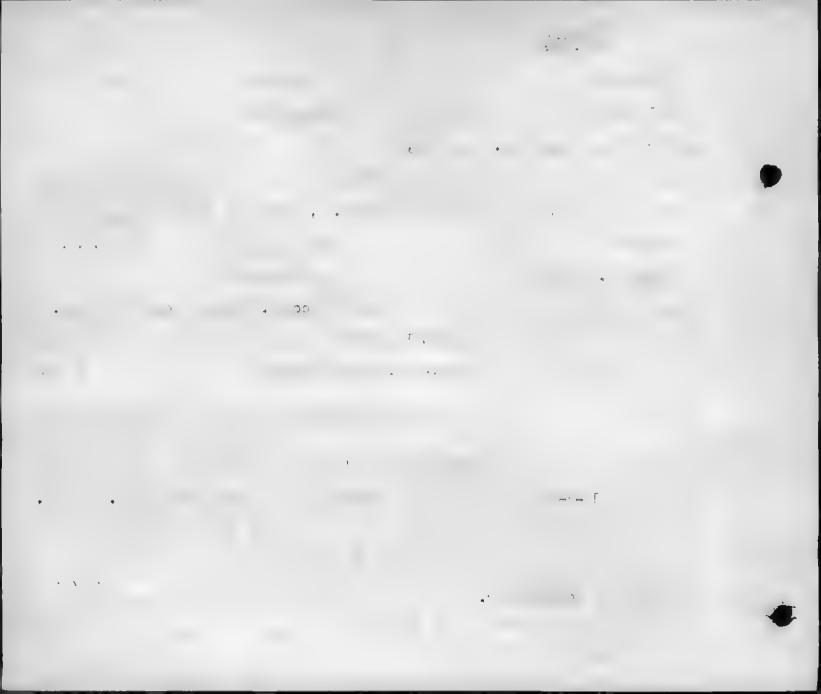
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1389 SEDICAL EXAMINER'S CERTIFICATE OF DEATH

13866

1 PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission)							
o. county Dorohester Maryland	o. STATE Maryland b. COUNTY Queen Anne							
b. CITY OR TOWN (if outside corporate limits.	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)							
rural Cambridge 8 years								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite,, give street eddress)	d STREET ADDRESS							
	ON A FARM?							
Eastern Shore State Hosp. Cambridge, Md	YES NO							
DECEASED	Last 4. DATE Month Day Year							
(Type or print) Maude Coursey	Newcomb December 15 1961							
S. SEX 6, COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers If UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Deys Hours Min.							
female , white WIDOWED DIVORCED	Sept.13, 1883 7 78 yrs. Mount 1883							
10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 11. BIRTHPLACE (Siele or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
housewife	Maryland U.S.A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Charles O. Coursey	Alice Rhodes							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.	INFORMANT Address							
(Yes, no, or unkown) ((flyesgive were reference)	dies Dedende Fratern Chara Chair Harn							
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	dical Rederds. Eastern Shree State Hosp.							
DART DOATH WAS CALIFOR BY	ONSET AND DEATH							
IMMEDIATE CAUSE (e) Terminal page	tmonia days							
DUE TO								
	k right femur 10 days							
geve rise to immediate cause (a), stating the underlying DUE TO								
cause lest. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?							
8	YES NO I							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200 EXTERNAL CAUSE WAS PRIMARY LA OF CONTRIBUTING CONTRIBUTING CONTRIBUTING SILIPPED And follows:	(Enter neture of Injury in Pert I or Pert h of stem 18.)							
PRIMARY (Nor CONTRIBUTING Slipped and fel	l tp fleor							
	ACE OF INJURY (Home, farm, 1 20% (City or town) (County) (State)							
	ctory, street, office bldg., etc.)							
21. I certify that I took charge of the remains described above, h								
death resulted from Natural causes . Accident . Suid	cide, Homicide, Undetermined manner							
	CHIEF MEDICAL EXAMINER							
SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED							
EXAMINER'S	DEPUTY MEDICAL EXAMINER 12/16/61							
NAME (Type) Tohm Mana Tra								
	Address (Street, city, town, or county)							
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	Address (Street, city, lown, or county) OR CREMATORY 22d LOCATION (City, lown, or country) (Stete)							
REMOVAL (Specify)	R CREMATORY 22d LOCATION (City, lown, or country) (State)							
REMOVAL (Specify)	R CREMATORY 22d LOCATION (City, lown, or country) (Stete)							
Burial Roll 19-1961 Cherterfie	ich Ceileant (City, lown, or country) (State)							



MARYLAND STATE DEPARTMENT OF HEALTH

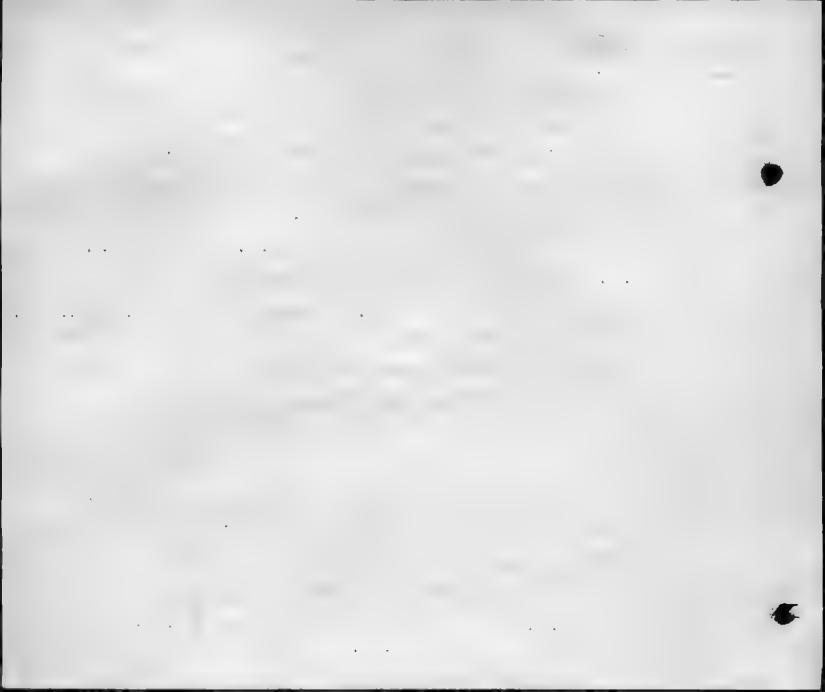
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13895	CERTIFICATE	OF DEATH	1	13867
PLACE OF DEATH	m 2 Film G504 1	2. USUAL RESIDENCE	E (Where deceased lived, If ins	it tution: Residence before admission
B. COUNTY		a, STATE	b. COUNTY	THE THE PROPERTY OF
Dorchester	MARYLAND	Maryl		Dorchestal
CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporata limits, write R	URA!
Cambridge			idge Baltimore	29. Md.
ME OF HOSPITAL OR INSTITUTION (if a	of in hospital, give street address)	d. STREET ADDRESS	ford Road	ON A FARM?
lasgow Konvalescent	Nome		Alembura / Yve/.	YES NO
AME OF First	Middle	Last	4. DATE Month	Day Yeer
ECEASED ype or print)	0-114	37 A 3-	OF DEATH	28 1067 19
EX 16. COLOR OR RACELY	Collins MARRIED NEVER MARRIED B	North	19, AGE (In yeers IF	
			last birthdey) 🔥	Aonths Days Hours Min.
O-16 Calco	WIDOWED DIVORCED J	anuary 2,1884	76 yrs.	
UAL OCCUPATION (Give kind of work iring most of working life, even if retired)	106, KIND OF BUSINESS OR INDUSTR	Y 11, BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
memaker		Snow Mill.	- 6M.	u.s
THER'S NAME		14. MOTHER'S MAIDEN N		
T T Callina		7.13 - 0		
J. J. Collins /AS DECEASED EVER IN U.S. ARMED FORCE	S? I 16. SOCIAL SECURITY NO. I 17.	LILY Snow	Address	
no, or unkown) (Ifyesgive werordeles of serv	ice)			
NO _	None Mrs	Norman Scowe	,516 Stamford	Rd. Lalto. 29. Ho
CAUSE OF DEATH [Enter only one ce PART I. DEATH WAS CAUSED BY:	use per line for (a), (b) and (c).)			ONSET AND DEATH
IMMEDIATE CAUSE (a)	Harvation		AM	mez _
DUE TO	0 0 1	/		~
nditions, if eny, which	Senil Don	shake	•	5 420
re rise to immediate cause				7
a), steting the underlying DUE TO	Within a	etile .	7	٠,
PART II, OTHER SIGNIF CANT CONDITION	THE CONTRIBUTION TO DEATH BUT A	T DE ATEN TO THE TERMINA	T DISEASE CONDITION GIVEN	IN PART II-VI 19 WAS ALITORSY
PART II, OTHER SIGNIF CANT CONDITIO	CONTRIBUTING TO BEATH 85' NO	AL KETALED TO THE LEWINDS	AL DISEASE CONDITION GIVEN	PERFORMED?
				YES NO 1
De. ACCIDENT WAS UNDERLYING 2 PRICE CONTRIBUTING CAUSE OF DEATH	Ob. DESCRIBE HOW INJURY OCCURED	, (Enter nature of injury in Pe	art I or Pert II of item 18.)	
EITHER, NOTIFY MEDICAL EXAMINER				
Oc. TIME OF INJURY Month, Dey, Yeer		CE OF INJURY (Home, farm,	201. (City or town)	(County) (State)
Hour e.m.	While Not While fact	ory, street, offica bldg., etc.)		
p.m. 19			16. 1. 28	40/////////////////////////////////////
. I certify that (I) (this hospital	· A	Δ;	41.20 B a	, 19.5., that (I) (we) la
aw the deceased alive on	7.6 and that	death occured at	M, from the causes ar	
220 SIGNATURE		ATTENDING MI	ED. STAFF	22b. DATE SIGNE
1 When I	asn M		RECTOR PHYS.	
PHYSICIAN'S	,	22 NO ADDRESS		
NAME [Type] U. A. A. he	mubson	Caraly	11 mol	
JRIAL, CREMATION, 236. DATE THEREO	OF 23c. NAME OF CEMETERY	OR CREMATORY	23d, LOCATION (City, town	or county) (State)
MOVAL (Specify)			Snow Mill. M	
Burial Dec.30,19				
UNERAL DIRECTOR'S SIGNATURE	/ Cambridge, M	2	IN 2 '62 256. REGIS	
and the sugar	OUNTED TOTAL		AN 2 '62 a	Alwa S. Heres

SPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be expensed mithin 24 hours after death. Page 4 may be relained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been simmed by the attending phymician and company filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13868 13868

	PLACE OF DEATH	2. USUAL RESIDENCE (Where decaesed lived, If Institution: Residence before edmission)
Y	a. COUNTY	maryland b. COUNTY Dorchester
卜	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest lown)	
	Cambridge 35 years	/3 Cambridge
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, g ve street address,	d. STREET ADDRESS . IS RES DENGE ON A FARM?
3. ~	Cambridge-Maryland Mospital Middle	209 Byrn Street YES NO X
1	DECEASED (Type or print)	OF DEATH December 0. 1041 10
J	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	North December 2, 1961 19 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
3.	Male White WIDOWED X D VORCED	Sept.13.1887 Jay Months Days Hours Min.
	i. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDU	
	et.Waterman self employed	Wingate, Md. U.S.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William North	Louisa Wingate
15.	WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 1 is, no, or unknown], (lifyesgivewarordatesofsarvice)	7. INFORMANT Addrass
(10	NO (11 drawn) (11 yes give war or detection sold service)	Willard M. North, 212 Brooklets Ave., Easton, Md.
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c.)	1 INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY, IMMED ATE CAUSE (e)	ONSET AND DEATH 2 2 2 2 2 2
	1/ 7 1 005 10	
	Conditions, if any, which (b)	examine Corence 10 mest
	daye lise to immediate cause	3
	(a), stating the underlying Due 10	
Z.	PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
ATIC		PERFORMED? YES NO K
CERTIFICATION	20. ACCIDENT WAS UNDERLY NG 205. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER!	JRED, (Enter neture of in ury in Part I or Pert I of Itam 18.)
1 1		PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour e.m. While Not While at work at work	fectory, street, olfice bldg., etc.)
		om. 5 = 2, 19 4 to. 12 - 7, 19 4 that (1) (we) las
	saw the deceased alive on. 12 2. 19.4 /., and	that death occured 20:45. Arch the causes and on the date stated above
	22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
	and de recione	M.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	BURIAL CREMATION 1 23b. DATE THEREOF 1 23c. NAME OF CEMETE	ERY OR CREMATORY 23d. LOCATION (City, lown or county) (Slete)
236	REMOVAL (Specify)	2.2
		Memorial Park Cambridge, Md.
24	HUNERAL DIRECTOR'S S.GNATURE ADDRESS	10 mm to 10
11	well R. Homo! Cambridge	Md. DATDEG 5 '61 Century L. Kraus

Division of STATISTICAL RE EET. BALTIMORE 1, MARYLAND **FOR STATE** . PLACE OF DEATH e. COUNTY funeral director. Page ony delay is necessary, Porchester MARYLAND Maryland b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 retained for your write RURAL and give nearest town! Cambridge 28 years
d. NAME OF HOSPITAL OR NSTITUT ON (if not in hospital, give street address) Cambridge d STREET ADDRESS 401A Nughlett 401A Mughlett 3. NAME OF Midd.a DATE DECEASED the OF (Type or print) DEATH Phillips Kirwan nould be executed within 24 https://endstring.com/nipencial in New 18. Give Pages 1, 2, and 3 Office along with form PM3. Page 5 may be burial-transit permit. File pages 1 and 2 with moval, and in any event within 72 hours after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX B. DATE OF BIRTH last birthday) WIDOWED [DIVORCED 81 yrs. Male SUAL OCCUPATION (Give fund of work December 106, KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Stale or fore on country) done during most of working life, even [f retired] Retalaterman self employed-Fishing Creek, Md. Augustus Phillips Amelia Marper 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no. or unkown) (If vesqiva war or dates of service) No 18. CAUSE OF DEATH [Enter only one cause per I ne for (a), (b), and (c), PART I. DEATH WAS CAUSED BY:
"MMEDIATE CAUSE (a) Coronary occlusion **DUE TO** "pending" gave rise to immadiata causa DUE TO vase execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner" PUNERAL DIRECTOR: Page 3 should be used as (a), stating the undarrying ե cause last. cremation, CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Item 18.) age 3 s. burial, PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED ! 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) While Not While factory, street, office bldg., atc.) Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K Natural causes K death resulted from... Accident Suicide Homicide [CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) John Mace Jr. 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) OH VS. A15ME DADIEC 2 6 '61 Circhart S. France

2: ASUAL RESIDENCE (Whare daceased Livad, It institution; Residence before admission) **b.** COUNTY Dorchester c. CITY OR TOWN (If ouls'de corporate limits, write RURAL end give nearest town) a. IS RESIDENCE ON A FARM? YES NO X Year December 19. AGE (In years IF UNDER 1 YEAR! IF UNDER 24 HRS. | Months | Hours 12. CITIZEN OF WHAT COUNTRY? Address Mrs.Lydia S.Phillips, 401A Hughlett St.Cambridge INTERVAL BETWEEN ONSET AND DEATH 10 Mins. PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY PERFORMED? NO X (County) (Stata) Inquiry and in my opinion Undetermined manner DATE SIGNED Address (Street, city, town, or county) Cambridge. 22d. LOCATION (City, lown, or country) Cambridge, Md. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

ARYLAND STATE DEPARTMENT OF HEALTH

5M 7/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OP DER 2. USUAL RESIDENCE (Where deceased lived, If Institution a. COUNT a. STATE h. COUNTY MERYLAND 5 CITY c. CITY OR JOWN (If outside comporete limits, write RURAL and give neeres, lown) and c. LENGTH OF STAY IN 16 ģ rs. Pages 1. <u>-</u> Filled d. STREET ADDRESS 3. NAME OF 4. DATE Middle Month DECEASED OP (Type or print) DEATH 000 carbon OR ORRACE CO DATE OF BIRTH 19. AGE (In years I NEVER MARRIED and (ast birthday) Months WIDOWED DIVORCED physician remove 10e. LSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY State, or foreath country) done during most of working life, even if retired) 6 FATHER'S NAME MOTE please affending WAS DECEASED EVER IN U.S. ARMED ORCES? 16. SOCIAL SECURITY NO. 1 17 (Yes, no, or unkown) (lives a vewer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] signed by PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit DUE TO RCH MU CIT Conditions, if any, which has been gave rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY certificate 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of Jam 18.) 20s. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH Affer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) While Not While Hour a.m. at work at work DIRECTOR saw the deceased alive on. 1.2 22e. SIGNATI ATTENDING MED STAFF PHYS. DIRECTOR PHYS. 22c. PHYSICIAN S 22d. ADDRESS NAME OF CEMETERY OR CREMATORY OH 256. REGISTRAR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

ce before adm ssion)

e. IS RESIDENCE ON A FARM? YES NO

> 19 10

12 CHTIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO F

(Steta)

22b. DATE

-{Stetal

SIGNED

mos

IF UNDER 24 HRS.

Dev

Days

(County)



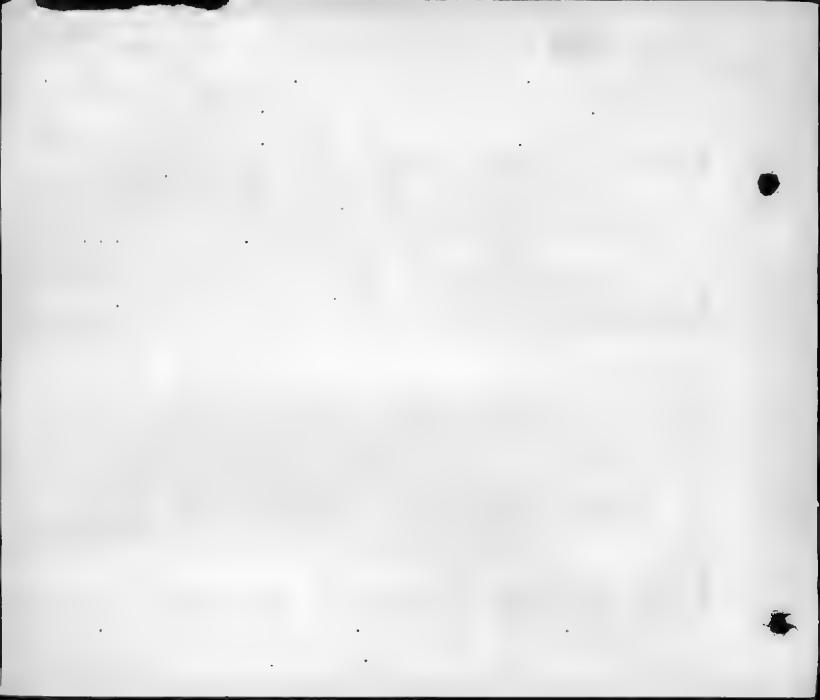
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CERTIFICATE OF DEATH

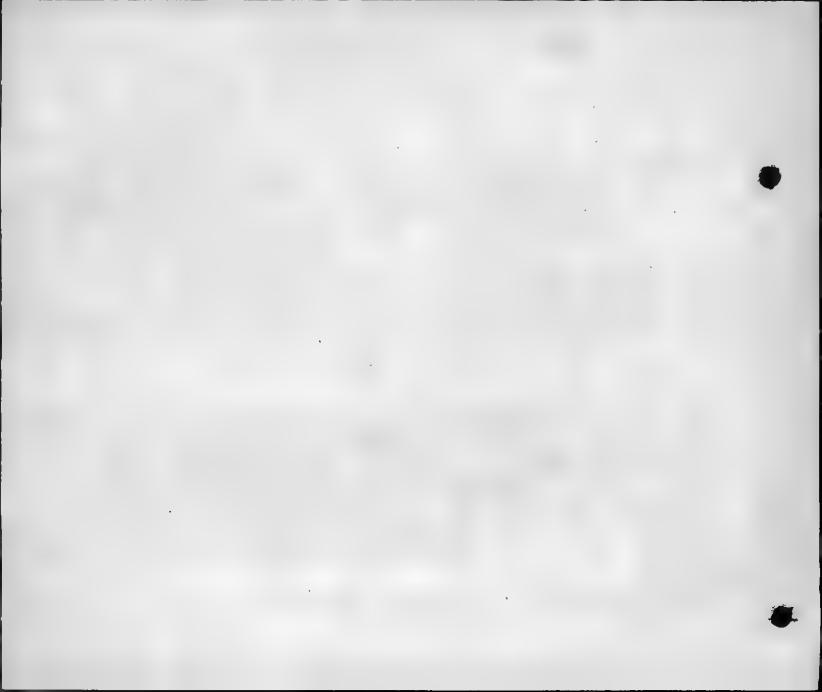
Reg. Dist. No. 14650

	TOO 3								wan' n	131, 110,	7 4 4	. 6 / .		
1. PLACE OF DEATH o. COUNTY			MARYL	61	USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) a STATE b. COUNTY									
	chester Co.				Md. Dorchester Co.									
b. CITY OR TOWN (I RURAL and give no	Foutside corporate limi sorest town)	ls, write	c. LENGTH OF STAY IS	NIP	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
Linkwood	Md.		Life		Klinkwood, Md.									
d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	Iva street i	address)		d STREET A	DDRESS				•	IS RESII	DENCE		
	inkwood, Mo		Linkwo	od, M	d.				YES 🔣					
3. NAME OF	Fir		Mxddla		Lest 4 DATE Mont					Dov	y,	ror		
(Type or print)	Marv		Mears		Rober	son	OF DEATH	Dec		31,		61		
5. SEX		7 MARR	ED NEVER MARRIED	D B.	DATE OF BIRTH	Н	L	9 AGE (In year)		R I YEAR I				
Female					Dec. 7,	1891		10st birthday)	Months	Days	Hours	Min,		
100. USUAL OCCUPATIO	ON (Give kind of work)	done 10b	KIND OF BUSINESS OR				or foreign co	ountry)	I2 CI	TIZEN OF	WHAT (COUNTRY?		
Housevife	ang life, even if retired	'	None		Link	wood.	Md.			U.S.A				
13. FATHER'S NAME			110110		14 MOTHER'S					0 8 0 8 2	1 0			
	James C. Me	2276			Ma	ntino	LeCor	nnte						
15. WAS DECEASED EVE			SOCIAL SECURITY NO	17 INF	ORMANT	T OTHE	TIEOOI		dress					
(Yes, no or unknown)	(Yes, no or unknown) (If yes, give war or dates of service)													
No None James C. Mears Linkwood, Md.														
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c)] PART I, DEATH WAS CAUSED BY. ONSET AND DEATH														
11.00	IMMEDIATE CAUSE (6		LORONA	RY	EM	BOL	20				H	R		
17 4	DUE TO										V			
Conditions, "if a		,<	CRONA	RY	H	EAR	- 1	DISE	ASE	1	12	MCZ,		
gave rise to it														
lying cause lost.														
PARE 11. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	CONDITION G	VEN IN PAI	RT 1(a) 19	WAS A	UTOPSY		
7											YES 🗍			
PART II. OTH	200 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)													
₹ 20c. TIME OF INJUR	Y Month, Day, Yes	or 20d IN	JURY OCCURRED 2	20e PLAC	E OF INJURY (Home, form,	20F. (City	ar lown)		[County]		(Stote)		
20c. TIME OF INJUR Hour o. m.	19	While at work	Nat while	focto	ry, street, office	bldg., etc.	1	ŕ	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,		
			/	- 0			i	- /						
	at I attended the	decease	1		19.6/	., to	124.	3.4., 19.4/						
olive on	1/25	. 120	, and that a	death o	ccurred at.			the causes		the date				
ACTUAL C		. 1			•	01	ADDRESS (SI	reet, city or town	, stotė)		DAT	TE SIGNED		
SIGNATURE	Uper 12	· hu	myanno	M.	D	36	RAC	E ST			/	12/6		
PHYSICIAN'S NAME (Type)	ALFRED	P	MARY	ANO	V	CAI	nBB	IDGE	mo)		,		
220 BURIAL, CREMATIO	N. 226. DATE THEREC	F	22c. NAME OF CEMET	ERY OR C	CREMATORY		22d. LOCAT	ION (City, town,	Or county)		(State)			
REMOVAL (Specify) Burial	Jan. 3.	1962	Dorcheste	er Me	m. Park		Cam	bridge.		Md.				
23. FUNERAL DIRECTOR			ADDRESS				BY REGIST		ISTRAR'S SI					
LeCompte F	uneral Ser	vice	Cambridge	, Md		DATE JA	N 1 0	62	· · · · · · · ·	8 The	E.R.			
										A CANA	10° 12'			

HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 2 Il llaurs after death. Illog 4 ed in by the funeral director. NERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely begge 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55



			MARY	LAND	STATE DE	PARTM	ENT OF H	EALTH	I-BAL	TIMORE,	18		
			13900		CER	TIFIC	ATE OF D	DEATH	1		Reg. Di	st. No.	1466
$\mathbb{A})$	1. P	LACE OF DEATH			M	ARYLAND	O. SIAIE _		_	f lived. If institu	TY		
~	Ŀ	CITY OR TOWN	rchester (If outside corporate lim	its, write	c. LENGTH OF ST	TAY IN 1b		aryla TOWN #6		role limits, write		hoste	
			mbridge				XO	ambri					
7	(OR INSTITUTION	TTAL (If not in hospital, a Con Unidate :	-	*	1	d. STREET A						S RESIDENCE ON A FARM? ES NO 1
	3. 1	IAME OF		rst		dle	Las		4. DATE	М	onth	Day	Year
		ECEASED Type or print)	An	dre	Lou	ais	Samps		DEATH	Decem	ber 2	28	19 61
	5. \$	EX	6. COLOR OR RACE	7. MARR	RIED NEVER MA	RRIED E	B. DATE OF BIRT	Н		9. AGE (In year lost birthday)			UNDER 24 HRS.
		le	Jolored	WIDOWI		RCED 🗌	12-07-01			yr		Doys H	ours Min.
	100.	during most of wo	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINES	S OR INDU	STRY 11. BIRTHPL	ACE (Stote	or foreign co	ountry)			HAT COUNTRY
							12.	rylan	4			Inited	Similes
	13. (ATHER'S NAME	. 17	C			14. MOTHER'S						
	15 3		Alexander /ER IN U. S. ARMED FO			NO 117 I	NFORMANT	rah =	earlin	ie Stanl	J Idress		
	[Yas,	no, or unknown]	(If yes, give wor or dates of	service)	SOCIAL SECONICI			11	3 .	, mc	idi499		
		IR. CAUSE OF DE	EATH [Enter only one c	nute ner lis	ne for (n) (b) and		spital	Tect	oras.			INTERV	AL DETWEEN
			ATH WAS CAUSED BY:		rematuri		Immeturi	+				ONSET .	AL BETWEEN AND DEATH
		776	DUE TO		2 0/114 0040 14	-0	W 1811048 E	· ~ 4				_	
		Conditions, if			(30	- , ,	215. 30	₹ .					
		gove rise to	immediate (·				
		lying couse lost		c)									~~
Ü	CATION	PART II. O	THER SIGNIFICANT CON	ADITIONS C	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION G	IVEN IN PAR	P	VAS AUTOPSY ERFORMED? S NO ATT
		20g. ACCIDENT WOR CONTRIBUTION	VAS UNDERLYING () IG () CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUR	Y OCCURRE	D. (Enter nature o	f injury in I	Port I or Port	I II of item 18.)		,	
		20c. TIME OF INJU		ar 20d. It	NJURY OCCURRED	20e. PL	ACE OF INJURY (Home, form	, 20f. (City	or town)	(0	County)	(Stole)
	MEDICAL	Hour a.m. p.m.	10	While of wor	Not while	fo	clory, street, office	e bldg., etc	.)		·	• •	
		21. I certify t	that I attended the	deceos	ed from 25	`-\$U	. 19 - 1	. to 1	<u></u>	. 19	1 that L	last saw	the decease
		olive on	12-28	, 12_	61 , ond th	not deoth	occurred ot	7:000	_M, from	the causes			
		,	1 , 202-							reel, city or low			DATE SIGNE
1		ACTUAL SIGNATURE	Charling	4.77	21100	1900	м.о. <u>15 Г.с</u>	cust_	St			12-	28-61
- 1		PHYSICIAN'S NAME (Type)	o. Eldridge	H. 1	olff U	l-"	Cambr	idge.	Mary	land			
	220	BURIAL, CREMATI	ION, 226. DATE THERE	OF .	22c. NAME OF C	EMETERY O	********			ION (City, town	, or county)		(Stote)
~		Burial Specific	" 12/29/	1961	Cordt	own (Cemeter	V	Do	rchest	er Co		. Md.
1 1/1	23.	WHERAL DIRECTO	R'S SIGNATURE		ADDRESS			24a. REC'	D BY REGIST	RAR 24b. REC	DISTRAR'S SIC		
1 0	1.	cellerx	11 Noth	ung	-Camb	ridge	e, Md.	DATE JA	IN 10'	62 (J Bur 4	. Nauls	
	1			5000	J. ~ -								



1	MARYLAND	STATE D	EPARTMENT	OF	HEALTH-	—BA	LTIM	ORE,	18)

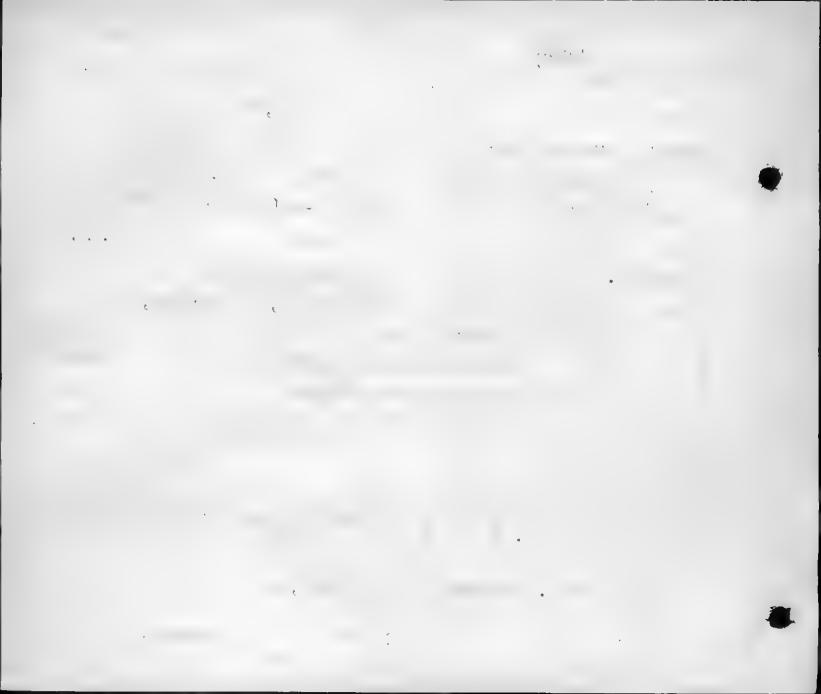
	1	3901		CE	RTIFIC	ATE OF I	DEATH	ł		Reg. D	st. No.	14	SG (
1.	PLACE OF DEATH					2. USUAL RES	IDENCE (Wh	ere decease	d lived. If institution	oni Residei	nce befor	• odmis	ion}	
Dorchester					MESTAMO	1.3	arylan	d	b. COUNTY	Dore	hest	er		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge				c. LENGTH OF	c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RUR)					URAL and	(AL and give nearest fown)			
Г	d. NAME OF HOSPITAL (IF		ive street	oddress)		d STREET		1,0			e. IS RESIDENCE			
		dri je .	- 1,72	and Hec	pital	Rou	b e <u>"</u> 2						FARM?	
3.	NAME OF DECEASED	Fir		- 1	Middle	lo	3f # /	4. DATE OF	Mon	th	Day	/	Yeor	
_	(Type or print)	agi.			ouise	Samp	son	DEATH	2000		38		15 (]	
5.	6. C	OLOR OR RACE	7. MARR	IED 🔲 NEVER	MARRIED-	8. DATE OF BIRT	H		9. AGE (In years last birthday)	IF UNDER	Doys		ER 24 HRS.	
	o sante t	J lor d	WIDOWE	D DIV	VORCED 🔲	10-07-3	1		yrs.	Monns	Doys	Hours	Min.	
10c	. USUAL OCCUPATION (Gi during most of working life	ive kind of work of fe, even if retired	done 10b.	KIND OF BUSIN	IESS OR INDI		_ `	or foreign c	ountry}				COUNTRY?	
							yland				United States			
13.	FATHER'S NAME					14 MOTHER'S								
	Wilbur Alex		- Ar				ah Pes	urline	Stanloy					
15. (Ye	WAS DECEASED EVER IN U	S. ARMED FOR		SOCIAL SECURI	TY NO. 17.	INFORMANT			Addi	ess				
						Hospita	1 Rec	cords	3					
	18. CAUSE OF DEATH	Enter only one ca	use per lir	ne for (a), (b), a	nd (c)]							RVAL BE		
	PART F. DEATH W.	AS CAUSED BY: EDIATE CAUSE (a)	1	Prematu	rity &	Immotor	ity				ONS	EI ANU	DEATH	
	ファイン	M DUE TO												
	Conditions, if ony, which) (32 looks - Well b 1102													
	gove rise to immed	liate (<u> </u>										
	lying couse last.													
z	PART II. OTHER SIG			ONTRIBUTING	TO DEATH BU	T NOT RELATED TO	O THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 15	. WAS	AUTOPSY	
SATIC													NO.DI	
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNI OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	DERLYING AUSE OF DEATH	20b. DES	CRIBE HOW INJ	URY OCCURR	ED. (Enter nature o	of injury in P	art I or Par	t II of item 18)					
AL	20c. TIME OF INJURY ME		or 20d. It	JURY OCCURR	ED 20s. P	LACE OF INJURY	(Hame, form.	20f. (City	or town)		County)		(State)	
AEDIC	Hour a.m.	19	While	Not while	fe	octory, street, offic	e bldg , etc)		,	C0011177		(sidio)	
~	21, I certify that I	ottended the		ad from	2-27	, 19.61	ta 12	2-28	10 Gl	that I	last so	w the	deceased	
	alive on 12-2		19	61 and	that deat	h accurred at	7:00 I	M fron	n the causes a					
	- 0	ſ /			mar acar	ii accorred at		ADDRESS (S	treet, city or town,		ne dai		ATE SIGNED	
	ACTUAL SIGNATURE	driels	5 5	4.600	11/	м.р. 15	Locust	St.		1	2-28	-61		
		./			116								*-***	
	PHYSICIAN'S NAME (Type)	• Eldrid	no H	. Wolff		Cam	bridge	, Mar	yland					
22<	BURIAL, CREMATION, 22 REMOVAL (Specify)	26. DATE THEREC	F	22c. NAME O	F CEMETERY	OR CREMATORY		22d. LOCA	TION (City, town, o	or county)		(Stol	e)	
	Burial"	12/29/1	961		cown C	emetery	7	Done	chester.	Cou	ntiy.	Mo	l	
23,	FENERAL DIRECTOR'S SIGN	NATURE	1)	ADDRESS				BY REGIST	RAR 24b. REGIS	TRAR'S SI	GNATUR			
-1	untex X/11	1 Stank	1112	Syl > Ge	mbric	lge, Md	DATE JA	יטוא	62	,v] £	. Tuna	u/h		
	7-67-1		- /	/										



VR A15 (4) 15M 7/61 16

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND CERTIFICATE OF DEATH

1	13000									
	1. PLACE OF DEATH 10302 a. COUNTDOTCHESTET MARYLAND	2. USUAL RESIDENCE (Where deceased hyed, If institution, Residence before edm ssion) a. STATE Maryland b. COUNTY Talbet								
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) rural Cambridge 2 years	Longwoods, Md								
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d, STREET ADDRESS a. IS RESIDENCE ON A FARM?								
	Eastern Shore State Hospital	YES NO								
	3. NAME OF DECEASED (Type or print) Lavenia Abigail	Sharp OF DEATH 12/Month 29 1961								
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 12/1/ 1981 (1881) 80 birthday) yrs. STRY 11 EIRTHPLACE (County & State, or foreign country) Maryland 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A.								
1	none Housework	14. MOTHER'S MAIDEN NAME								
ì	William H. harp	Emma R Tapman								
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1									
	18. CRUSE OF DEATH [Enter only one cause per line for .e). (b), and (c).] PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (e)] DUE TO Generalized arter Conditions. if any, which	re onset and death onset and d								
	gave rise to immediate cause (e), stelling the underlying cause lest. Chronic Rhaumato:	ld arthritis years								
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 208 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED YES NO								
		RED. (Enter natura of injury in Pert I or Pert II of Item 18.)								
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a.m. While Not While at work at work at work	PLACE OF INJURY (Home ferm, 20f. (City or town) (County) (State)								
	21. I certify that // (this hospital) attended the deceased fro	m. April 18 1959 to Dec 29, 1961 that (I) (we) last								
	saw the deceased alive on .Dec2919 61 and that death occurred at .40.M, from the causes and on the date stated above.									
	226. SIGNATURE ATTENDING MED. STAFF SIGNED 226. PHYSICIAN'S 226. PHYSICIAN'S 226. ADDRESS									
	NAME (Tyre) John F. Schnieder	Easton, Md								
	23a. BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETE BURIAL (Specify) 1/1/62 Greenmoun	t Comphany miles a Montelland								
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE								
	11 Laugh Otell Easton,	Md. DATEJAN 3 '62 Iriling & Firms								



within 24 hours ofter death.

certificate

requires that the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



ed in by the funeral director, I and 2 should be filed with TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 referenced by the hospital or altending physician.

Office a DIRECTOR: After this certificate has been signed by the ottending physician and completely page 3 should be detached for use as the burial-transit permit. Then please remaye corbon papers. Pathe registror prior to burial, cremation, or removal, and in any event within 72 hours ofter death. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13904

Pag	Dist. No.?	OHO
vañ:	Past file 4	13/.

					-										
o. COUNTY Dorchester Co. MARYLAND						2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE b. COUNTY Dorchester Co.									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
Church Creek, Md. 23 Years						Church Creek, Md.									
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						, d STREET ADDRESS . IS RESIDENCE									
Church Creek, Md.						Church Creek, Md.									
3. NAME OF			rat	Middle		Los	-	4. DATE		nth	Do	y	Yeor		
(Type or p	rint)	Ida		Barton		Smith	a	DEATH	Dec.		23.		191961		
5. SEX		6. COLOR OR RACE	7. MARI	RIED 🗌 NEVER MARRIED		8 DATE OF BIRTI	Н		9. AGE (In years lost birthday)	1			ER 24 HRS		
Fema	ale	White	WIDOW	ED DIVORCED		12/24/87	188	2	78 yrs		Days	Hours	Min		
10a. USUAL C	OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR	INDU	STRY 11. BIRTHPL	ACE (State	or foreign c	ountry)	12. CI	TIZEN O	F WHA	COUNTRY		
Nor				None		Lake	esvill	le Md.		U	-S. A				
13. FATHER'S	NAME					14 MOTHER'S	MAIDEN N	IAME							
		Barton				Unl	cnown								
15. WAS DEC		IN U. S. ARMED FOR		SOCIAL SECURITY NO	17 II	NFORMANT			Ade	dress					
No				Vone	Mı	cs. L. E.	Trav	zers	Church	Cree	k. B	Id.			
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),]														
	PART I. DEATH WAS CAUSED BY: Thulletel thromboses, Curly at recycles on They														
<u>6</u>	DUE TO														
	Conditions, if ony, which) 10 alle - selectorer, generales 11										Muo.				
	gove rise to immediate course (a), stating the under: DUE TO														
	lying couse lost. (c)														
NOILY Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?														
	Mul	-mu	ull	or				****				YES [NO		
C (IE EITHE	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)														
		Month, Doy, Ye			Oe PL	ACE OF INJURY (I	Home, form	, 20f (Cit)	or lown)	(County)		(Stote)		
WED WED	ur o.m.	19	While of wor	k ol work	100	ciory, sireer, cirice	r only., wit	'							
21. I c	21. I certify that I attended the deceased from Ost, 1961, to Dec 23, 1961, that I last saw the deceased														
alive o	alive on														
	/	1, 77				/	-		treet, city or town				ATE SIGNED		
ACTUAL	JRE /	U. Ih	ou	Asson		M.D.	an	chy	ed se	n	cl	12/	26/61		
NAME (T	AVELE /	ame.	1.7	Trombs	01							7			
		N, 226. DATE THEREC	OF.	22c. NAME OF CEMET	EDY C	P COEMATORY		224 1054	TION (City, Iown,	AF 54		15.	14)		
REMOVA	L (Specify)		,									(Sto	iel		
Burial 23. FUNERAL	DIRECTORS		1961	J Family Cen	ete	stå.	24n PEC'	D BY REGIST	bbins,	ISTRAR'S SI	GNATU	RE			
			vice	Cambridge,	Md.	•						-			
TEOON	TOO I			3-7			DAIL DE	0 2 9 3	61	11. 7 9	44				

10 VS A15 (4) 15M 9/55

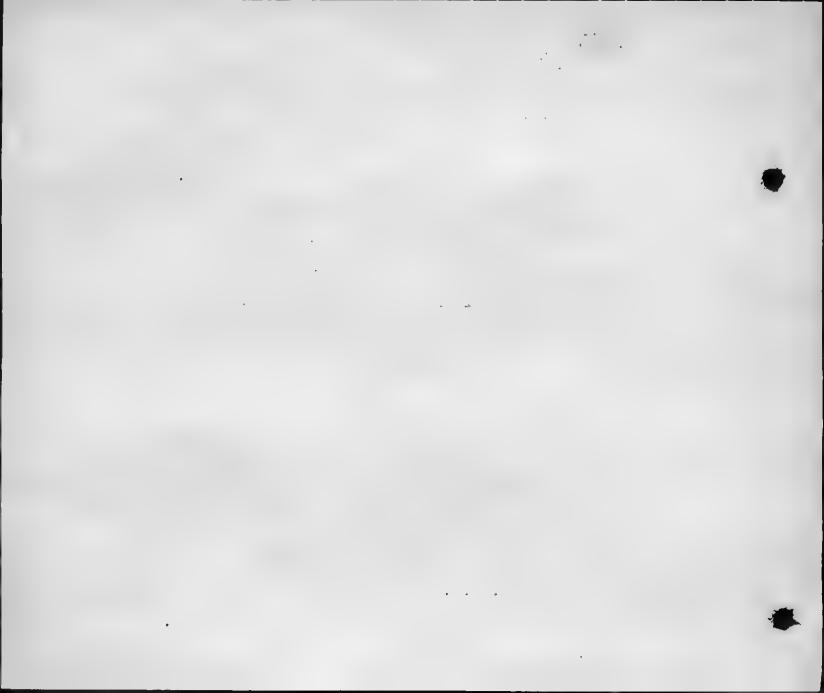


FOR STATE HEALTH DEP TO EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deather my delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3. In funeral director, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremetion, or removal, and in eny eyem. Within 72 hours efter death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13905 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13874

ſ.		PLACE OF DEATH	rchester		2. USUAL RESIDEN	CE (Where deceased I ved, it institution of the county	llon: Rasidance before adm ssion) Dorchester
V	7	b. CITY OR TOWN	(if outside corporeta limits, if give neerest town)	c LENGTH OF STAY IN ID		If outs da corporata limits, write RUR/	AL and give nearest town)
7	/ (Linkwoo d. Name of Hospi		Life of in hospitel, give street addrass)	d STREET ADDRESS	ood	Is residence ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE Month	Dey Year
	5.		Charles		Stewart	DEATH December	
		Male	Megma	MARRIED NEVER MARRIED 8	2/2/1915	9. AGE (In years IF UN least of thicky) Mon	
	10a. dor	. USUAL OCCUPAT	ION (Give kind of work orking life, even if relired)	106 KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State	or foreign country) 12	CITIZEN OF WHAT COUNTRY!
	L	abor for		Rendering plan	t Marylar Marylar		U.S.A
1		Thomas	Stewart		Josephin	e Chester	
1	15.	WAS DECEASED EV	ER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	_
	(10)	NO NO	it Agrifica Matot Galatot ottetal		s. Eva Ste	wart Linkwood	l, Md.
				se per line for (a), (b), and (c).)			INTERVAL BETWEEN
			H WAS CAUSED BY; IMMEDIATE CAUSE (a)	Coronary occlus	ion		onset and peath
		420.1	DUE TO				
		Conditions, if any geva rise to immed (a), stating tha u	iele ceuse				
2	CERTIFICATION	PART L. OTHER		NS CONTR.BUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		PRIMARY G OF CO	INTRIBUTING [DESCRIBE HOW INJURY OCCURED, (E	niar nature of in cry in Par	t Lor Part II of item 18.)	
	MEDICAL	20c. TIME OF INJU Hour a m. p.m.	JRY Month, Day, Year	2Dd. INJURY OCCURRED 20e PLAN While Not While fector et work at work	CE OF INJURY (Homa, farmory, street, office bidg., etc		[County] (State)
		21. I certify th	hat I took charge of t	he remains described above, hel	ld an Autopsy 🗓,	Inspection , Inquiry	, and in my opinion
		death resulted t	from Natural cause	es 🖪 Accident 🗌 Suici	de, Homicide	, Undetermined manne	
				2. 0	CHIEF MEDICAL	EXAMINER	
~		ACTUAL SIGNATURE	frem.	more fr.	MD ASS STANT MED	ICAL EXAMINER	
		EXAMINER'S	John Mace J	r. M.D.	DEPUTY MEDICA		4 3 313
		BURIAL, CREMATIC	ON, 226 DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, fown, or co	
		Burlal	15/0/01	Salem Cemet		Salem, Dor., M	
,		Hanhert	St. Clair	Cambridge, Md.		CO BY REGISTRAR 246. REGISTRA	R'S SIGNATURE
		Her per c	Do. Orail		DATEDE	C I I O	



within 24 haurs after death. Page 4 funeral director be filed should executed requires that the death certificate PHYSICIAN: The low CERTIF MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13906		CERTIFIC	ATE OF DEATH	4		Rog. Dist No	NOME:
1. PLACE OF DEATH o. COUNTY Dorchester C	lo.	MARYLAND	2 USUAL RESIDENCE (WHO o. STATE Md.	here deceased	lived. If institution b. COUNTY	Dorches	
b. CITY OR TOWN (If outside corporate lim RURAL and give nearest town) Cambridge, Md.	2	ENGTH OF STAY IN 16 Days	Cambridge R			URAL and give no	arest town)
d. NAME OF HOSPITAL (If not in hospital, OR HISTITUTION Cambridge Md. Hospita	•	55)	d. street address Cambridge	RFD#	3		IS RESIDENCE ON A FARM? YES NO
3. NAME OF FI DECEASED (Type or print) William	tet .	Middle R.	Thomas	4. DATE OF DEATH	Mon Dec.		oy Year 1961
5. SEX 6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED	8 DATE OF BIRTH 7/28/85	1	P. AGE (In years lost birthdoy) 76 yrs.	Months Doys	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired Fisherman 13. FATHER'S NAME	Fis	of Business of Indushing	Cambri 14 MOTHER'S MAIDEN N	dge RF	"ב" # 3	U.S	of what country: •A •
William R. Tho 15. WAS DECEASED EVER IN U. S. ARMED FOI [You. no or woknown] [You no or woknown] [You no or woknown]	RCES? 16. SOCI	- 41	Annie M. INFORMANT Larence Thomas	*****	Addr		e. Cambrid
18 CAUSE OF DEATH [Enter only one company one company of the part DEATH WAS CAUSED BY: IMMEDIATE CAUSE (company)	on Con	(o), (b), and (c)]	Henr	-jt	COOR	INT ON	ERVAL BETWEEN SET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.		rterio	sdero	ní	<i>δ</i>		
S Stateles	Mell	LILLES	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	EN IN PART I(o)	19. WAS AUTOPSY PEPFORMED? YES NOTA

20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)

20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) Day, Year o. m. While Not while of work of work

21. I certify that I attended the deceased from 6/, that I last saw the deceased M, from the causes and an the date stated above. alive on that death accurred

ACTUAL SIGNATURE PHYSICIAN'S

ADDRESS (Street, city or town, state)

22d. LOCATION (C'ty, town, or county)

20f (City or town)

220. BURIAL, CREMATION, REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY Dec. 23. FUNERAL DIRECTOR'S SIGNATURE

Speddens Cemetery ADDRESS

James. 24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

LeCompte Funeral Servise

NAME (Type)

Cambridge, Md.

DATE ! EC 2 9 '61

. 1 8. Thous

(County)

(Slale)

DATE SIGNED



TO HESEITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. Page 4 me, retained by the hospital or oftending physician.

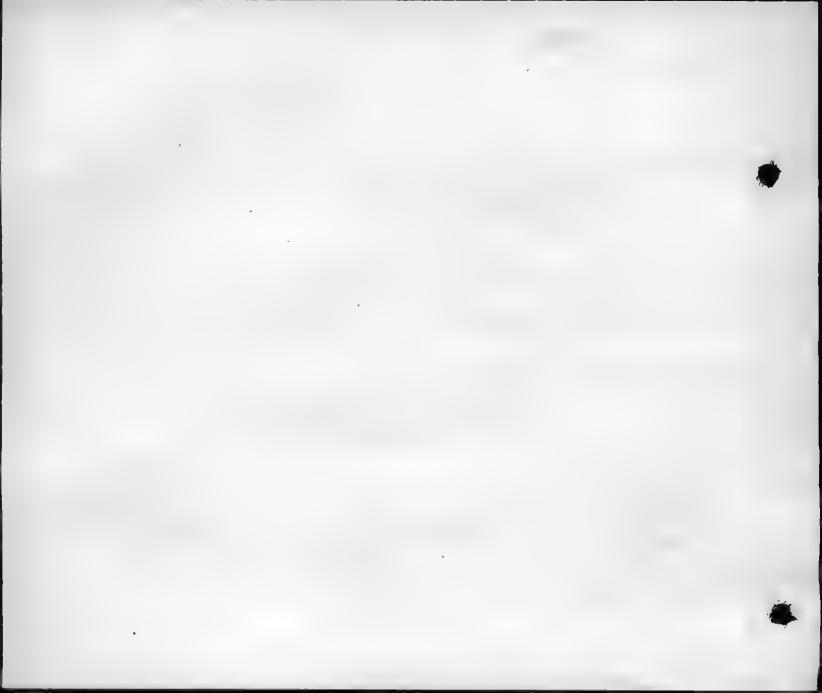
TO FORMARA DIRECTOR. After this certificate has been signed by the oftending physician and completely in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Page and 2 should be filled with the State Board of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

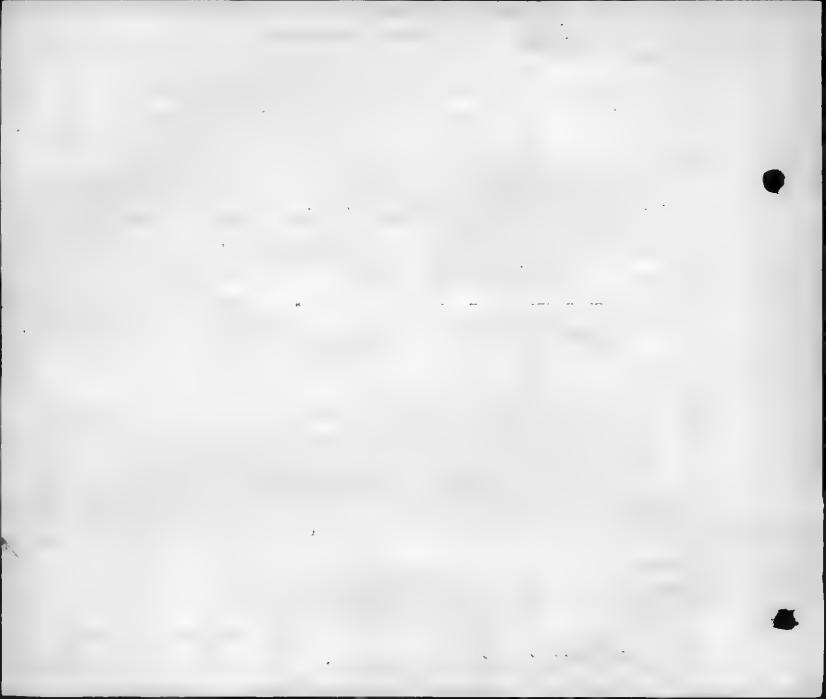
13876

			9=								
1. PLACE OF DEATH a. CODNIY			MARYLA		usual RES	,	nere decesse		an: Residenc	e before ad	imission)
b. CITY OR TOWN (If autsic RURAL and give negrest)	de carporaté limits, lown)	write c, L	ENGTH OF STAY IN	ч 16	c. CITY OR	TOWN (IF a	utside corpo	orate limils, write R	URAL ond g	ive nearest	lown)
d. NAME OF HOSPITAL (IF			, Delata	a.re	d. STREET	ADDRESS N	- L	į		0	RESIDENCE IN A FARM? S NO []
3 NAME OF DECEASED (Type or print)	First ਹ		Middle T	scho	ga	rst	4. DATE OF DEATH	Mor Dec	ith	Doy	Yeor
S SEX 6. CO	OLOR OR RACE 7	· MARRIED [nd.	A	Dec]	r n L2, 1	885	9. AGE (In years last birthday)			INDER 24 HRS
10a. USUAL OCCUPATION (Giduring most of working life	ve kind of work dar e, even if retired)	ne 10b. KIND	OF BUSINESS OR	INDUSTRY	11. 8IRTHP	LACE (State	ar fareign c	ountry)	12 CITI	EN OF WH	IAT COUNTRY
13. FATHER'S NAME		-		1	IA. MOTHER	S MAIDEN N	NAME			·	
15 WAS DECEASED EVER IN U [Yes, no, or unknown] (If yes, g	S. ARMED FORCE	\$? 16. SOCI	AL SECURITY NO.	17, INFO	RMANT	- I	A	Add	ress	ر ۱۰ ۲	1.00
Conditions, if ony, will gave rise to immed cause (a), stating the unlying cause lost.	DUE TO hich (b)_	Ca	r Ciu	ru	a)	1 les	W			Oper	AND DEATH
CATIC	SNIFICANT CONDI								/EN IN PART	PE	AS AUTOPSY ERFORMED?
206. ACCIDENT WAS UNE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	CAL EXAMINER	,	HOW INJURY OCC								
20c. TIME OF INJURY Mo											
21 I certify that (I) saw the deceased a			the deceased fi		th accurre		E J., 110 1	the causes ar			(I) (we) las ited abave
220 S GNATURE	Thu	1481	nau	M.E			ED RECTOR [STAFF PHYS			22b DATE SIGNE
22c PHYSICIAN'S NAME (Type)	SKU	(1-1	mk 27	2	22d. ADS	has	pton	n m	cd.		
DEMOVAL (Spacify)	b. date thereof .2-15-61	. 230	NAME OF CEMET		REMATORY		4.	TION (City, lawn,	ar caunty)	F	(State)
24 FLYSERAL DIRECTOR'S SIGN	wature include	Aha	L. piou .	· 20	. s. c. (250 REC	D BY REGIS		STRAR'S SIC		

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	MARYLAND STATE DEPARTM	NENT OF HEALTH—BALTIMORE,	18
	13908 CERTIFICA	ATE OF DEATH	Reg. Dist. No. 1466
(M)	1. PLACE OF DEATH o. COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institute of STATE b. COUNTY	
Ŭ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RUPAL — Cambridge	c. CITY OR TOWN (If outside corporate limits, write I	RURAL and give nearest town)
(M) X	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION RFD #2	d. STREET ADDRESS RFD #2	e. IS RESIDENCE ON A FARM? YES NO ST
F	3. NAME OF First Middle DECEASED TT	Vhittington Jean Dec	nth Day Year
F	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH Feb. 12, 1883 9. AGE (in years lost birthday) 70 yrs.	HF UNDER 1 YEAR IF UNDER 24 MRS
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired) Laborer Laborer	ISTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTI
arrer oworn.	13. FATHER'S NAME	Dorchester Co. Md.	USA
2 hours	(Yes no, or unknown) [If yes, give wer or detec of service]		dress
mith mith	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	STLEROSIS	FD 2, Cambridge INTERVAL BETWEEN ONE AND DEATH
in ony event	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last.		VEAR
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HY FIERT IE M		VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
10	OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter noture of injury in Port I or Part II af item 18.)	
emotion	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to form the p.m. 19 of work at work 20d. INJURY OCCURRED to form the p.m. 19	ACE OF INJURY (Hame, form, 20f (City or tawn) octary, street, office bldg., etc.)	(Caunty) (State
or to buriol, cr			Lithat I last saw the deceas and an the date stated above stole) DATE SIGN H S7.30DE
stror pr	PHYSICIAN'S W.E. FUNBYN	I.D. CAMBRI	DGF MI
Di Di	220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CONTROL OF C		,,
g [23, FUNERAL DIRECTOR'S SUSMATURE / / ADDRESS	24g, REC'D BY REGISTRAR 24b, REG	



MARYLAND STATE DEPARTMENT OF HEALTH



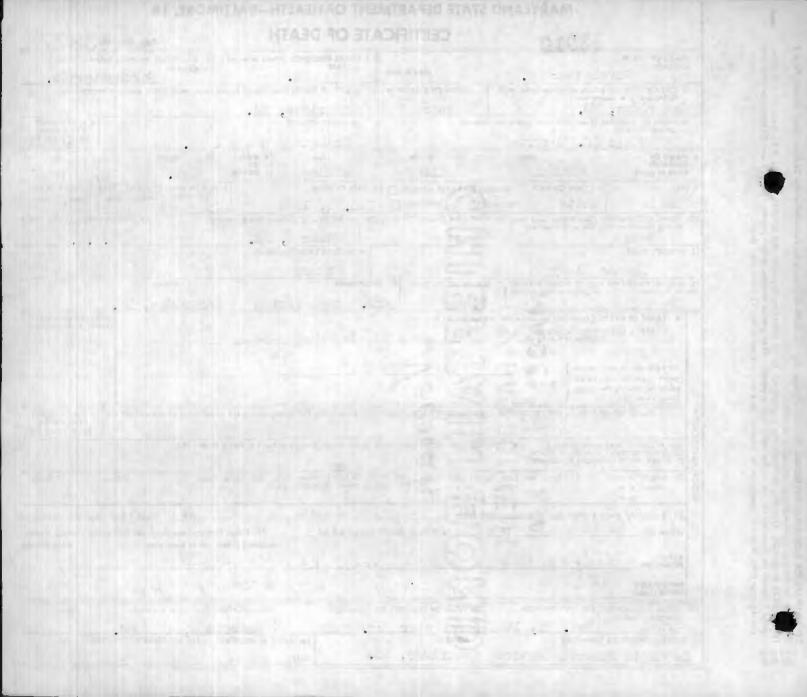
	13910	CEI	RTIFICA	TE OF DEATH		Reg	. Dist. No.3	877	
1. PLACE OF DEATH o. COUNTY Do:	rchester Co		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.		b. COUNTY _	rcheste		
b. CITY OR TOWN (RURAL ond give of Cambridge		b, write c. LENGTH OF:		c. CITY OR TOWN (If or	utside corporate li		The state of the s		
	IAL (If not in haspital, g	ive street address)		/ d. STREET ADDRESS Cambridge		Md.		IS RESIDENCE ON A FARM? (ES) NO]	
3. NAME OF DECEASED (Type or print)	Ethel		iddle Zey	Willey	4. DATE OF DEATH	Month Dec.	Day 26.	Year 19 67	
5. sex Female	White	7. MARRIED NEVER M		Dec. 6. 1886	9. AC los	t birthday) Mant		UNDER 24 HRS	
Oa. USUAL OCCUPATION during most of wor NOTE 3. FATHER'S NAME	ON (Give kind of work of king life, even if retired)	lone 10b. KIND OF BUSINE None		TRY 11. BIRTHPLACE (Stote of Sewards,	Md.	12	U.S.	WHAT COUNTR	
Thoma	Elzey		Y NO. 17. IN	Unknown		Address			
No no or unknown)	(If yes, give wor or dotes of se	None	Mr	s. James Burt	on Ca	umbridge.	Md.		
CATIC	the <u>under</u> DUE TO (c) HER SIGNIFICANT CONE			M A	NAL DISEASE CON	IDITION GIVEN IN	1	WAS AUTOPSY PERFORMED? ES NO (3)	
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State									
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Nat while of work at w									
220. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	Dec. 29	22c. NAME OF 1961 Dorches				City, town, ar coun	26.3	(State)	
23. FUNERAL DIRECTOR		ADDRESS	OCT LIE	IIIa TOLK	Cambrid	ge.	Md.		

O ESPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page 4 be relatined by the haspital or attending physicion.

OF ENERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete.

For a should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages I and 2 should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

VS A15 (4) 1SM 9/SS MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



SCRITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death and be relatived by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and control that the filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremetion, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.3878

				TOO	. 0					
1. PLACE OF DEATH			CE (Where decessed lived, If		ce before edmission					
e. county Dorchester	MARYLAND	e, STATE Mar	yland b. cour	Dorches	ster					
b. CITY OR TOWN (if outside corporete limits,	1 c. LENGTH OF STAY IN 16	c. CITY OR TOWN (f outside corporete limits, write							
write RURAL and give nearest town)		3.47								
Federalsburg d. NAME OF HOSPITAL OR INSTITUTION (If not in he	2 hours	d. STREET ADDRESS	bridge		. IS RESIDENCE					
	ospiler, grae street eddress)	1			ON A FARM					
Academy Ave.,		116	Glenburn Ave.	3	YES NO X					
NAME OF First	Middle	Last	4. DATE Month	Dey	Yeer					
(Type or print) Herbert	Olin	Willey	December December	26.1961	19					
. SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED 1 8	. DATE OF BIRTH	9. AGE (In yeers	IF UNDER TYEAR	IF UNDER 24 HRS					
Male White widow		ebruary 2,18	87 lest birthdey) 74yrs.	Months Deys	Hours Min.					
De. USUAL OCCUPATION (Give kind of work 1Db.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ry & State, or foreign country)	12. CITIZEN O	F WHAT COUNTRY					
done during most of working life, even if retired) Retired Truck Driver Count;	v Roads employe	e Rost New	Market, R.D.		U.S.					
B. FATHER'S NAME	J . Jaco omproye	14. MOTHER'S MAIDEN		1	0 6 12 6					
James R. Willey			ne LeCompteb		-					
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	NFORMANT	Address							
No 2	20-16-7637 Mrs	.Ethel Kirwa	n.112 Glenburn	Ave. Car	mbridge.N					
18. CAUSE OF DEATH [Enter only one ceuse per	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c), (c), (d), (d), (e), (e), (e), (e), (e), (e), (e), (e									
ONICE TARING										
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY 14750M 130515. INSTAN										
T 20 DUE TO										
A - No.										
geve rise to Immediate cause										
(e), stelling the underlying DUE TO										
	couse lest, (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOI PERFORMED										
ナリアたア		YES NO								
200, ACCIDENT WAS UNDERLYING [] 206. DE	SCRIBE HOW INJURY OCCURED	, (Enter nature of injury in I	Pert or Pert of item 18.]	1						
PART II. OTHER SIGNIFICANT CONDITIONS CO										
	. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm	, 20f. (City or town)	(County)	(State)					
Hour m.m. While Not While fectory, street, office bldg., etc.)										
p.m. 19 et wa	ork et work		1							
21. I certify that (I) (this hospital) atter	nded the deceased from	3/31	194910 170	190/	hat (I) (we) la					
saw the deceased alive on	T. 1961 and that	death occured atta								
22e. SIGNATURE/ - S										
N.C. Jun	ATTENDING MED. STAFF DIRECTOR PHYS. 28 DISCO									
22c. PHYSICIAN'S NAME (Type) , E, GO	(NIBY UR	22d. ADDRESS	CHURCH	457						
30. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county)	(Stete)					
Rimayalaffectiv) Dec. 29,1961	Dorchester Mem	orial Park	Cambridge, M	d.	MAD					
	ADDRESS		'D BY REGISTRAR 256. RE		TUDE					
4 FUNERAL DIRECTOR'S SIGNATURE		1								
thull I hours	Cambridge	Md. DATE JI	11 L 02 C	orthun S. Kra	ua_					

1 NAT SHAPE ATT The British Control of the Control o . In add the transfer of the t THE REAL PROPERTY OF THE THEFT HOWELT MENT WAY 13.041 64 12.15 CENTRAL CONTRACTOR CHURCETTAN S Albert Land The state of the s THE PERSON AND THE PARTY OF THE